

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

21708

FILED JUL 15 1940

STANDARD CERTIFICATE OF DEATH

State File No. 3

Registration District No. 208

Primary Registration District No. 2426

Registrar's No. 3

1. PLACE OF DEATH:

(a) County: Gasconade Bland Mo
(b) City or town: Rural Bland Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 2 (Specify whether)
In this community: 652 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Gasconade
(c) City or town: Rural Bland Mo
(If outside city or town limits, write "RURAL")
(d) Street No.: R
(If rural, give location)
(e) If foreign born, how long in U. S. A.: years.

3. (a) PRINT FULL NAME: JAMES HENRY BRANSON
(b) If veteran, name war: No
(c) Social Security No.: none

4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: divorced
(b) Name of husband or wife: Myrna Branson
(c) Age of husband or wife if alive: 72 years
7. Birth date of deceased: Nov. 27 1860 (Month) (Day) (Year)

8. AGE: Years: 79 Months: 7 Days: 23 If less than one day: hr. min.

9. Birthplace: Gasconade Co Mo (City, town, or county) (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business:

MOTHER FATHER { 12. Name: Wm. Riley Branson
13. Birthplace: Mo. (City, town, or county) (State or foreign country)
14. Maiden name: Myrna Rogers
15. Birthplace: Mo. (City, town, or county) (State or foreign country)

16. (a) Informant: Wm. Branson
(b) Address: Bland Mo

17. (a) Burial (Burial, cremation, or removal)
(b) Date thereof: June 27 1940 (Month) (Day) (Year)
(c) Place: burial or cremation: Oak Forest

18. (a) Signature of funeral director: W.F. Gattenroter
(b) Address: Owensville Mo

19. (a) Date received local registrar: June 28 1940
(b) Registrar's signature: Wm. Matlin Spurgeon

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: June day: 20 year: 1940 hour: 10 minute: 4 P. M.

21. I hereby certify that I attended the deceased from June 1 1937, 1940 to June 20 1940 that I last saw him alive on June 11 1940 and that death occurred on the date and hour stated above.

Immediate cause of death: Interstitial Nephritis 1927
Due to:

Due to: Arterio-Sclerosis
Other conditions: (Include pregnancy within 3 months of death)
Major findings: 131
Of operations:
Of autopsy: none

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify):
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State):
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury:

23. Signature: B. A. Bunge (M. D. or other)
Address: Bland Mo Date signed: 6-20-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Me

Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Notes: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.