. No. 2
-11-10-39
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

AUG SEP 5 1940
399

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27475
3108

Registration District No. _____ Primary Registration District No. 1002 Registrar's No. _____

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1016 Forest
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 14 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 1016 Forest
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Arch J. Branson 1.52
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Cleo Branson
6. (c) Age of husband or wife if alive 42 years
7. Birth date of deceased December 8, 1890 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
49	5	25	hr. min.

9. Birthplace St. Joseph, Mo. (City, town, or county) O (State or foreign country)
10. Usual occupation salesman
11. Industry or business
12. FATHER Name Chas. M. Branson
13. FATHER Birthplace Kentucky (City, town, or county) (State or foreign country)
14. MOTHER Maiden name Cora Hutton
15. MOTHER Birthplace unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant Cleo Branson
(b) Address 1016 Forest, K. C. Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Aug 5, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation St. Joseph, Missouri
18. (a) Signature of funeral director Morton Funeral Home
(b) Address North Kansas City, Mo.
19. (a) Aug. 4, 1940 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 3
year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 8/30, 1939, to 8/3, 1940; that I last saw h— alive on 8/3, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	
Due to chr. myocarditis 930	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy Autopsy - Complete report not in	

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 [illegible] (M. D. or other) MD
Address North Kansas City Date signed 8/3/40

(Licensed Embalmer's Statement on Reverse Side)

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 Harold L. Posson, Registered Apprentice No. _____ working under my personal supervision.

Signed Harold L. Posson

Licensed Embalmer No. 3605

P. O. Address North Kansas City, Mo.

Note: 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, above space should be left blank.