

18-1939
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K23159

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

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32695

Registration District No. 609

Primary Registration District No. 4363

Registrar's No. 121

1. PLACE OF DEATH:

(a) County Newton

(b) City or town Neosho
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Sale-Bowman Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 months
(Specify whether years, months or days)

In this community all life

3. (a) PRINT FULL NAME James Moss Branham

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Jennie Branham 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 19 1881
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>59yr</u>	<u>5</u>	<u>9</u>	_____hr. _____min.

9. Birthplace Newton County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business Carpenter

12. Name John Branham

13. Birthplace Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Not known

15. Birthplace Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Cornetia Schumaker
(b) Address Neosho Route 3

17. (a) Hazelgreen (b) Date thereof 9-29-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation burial

18. (a) Signature of funeral director Pogue & Son 543
(b) Address Wheaton, Mo.

19. (a) 9-29-40 (b) Wm. A. Dale, M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton

(c) City or town Neosho
(If outside city or town limits, write "RURAL")

(d) Street No. Rural Route
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 28
year 1940 hour 12:00 minute 20 A.M.

21. I hereby certify that I attended the deceased from July 6, 1940 to Sept. 28, 1940
that I last saw him alive on Sept. 28, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary tuberculosis

Due to _____

Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy None

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) No

(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? _____

While at work? _____
(Specify type of place) (e) Means of injury

23. Signature Wm. A. Dale (M. D. or nurse) 1
Address Neosho, Mo. Date signed 9-29-40

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 6,

District File Number 1040-2714

Date Filed OCT 14 1940

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.....

Wm. Morris Pogue
working under my personal supervision.

Registered Apprentice No.

Signed

Wm. Morris Pogue

Licensed Embalmer No. 3483

P. O. Address Wheaton

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, fact should be so stated above.