

FILED APR 4 1941 302

Registration District No. _____

Primary Registration District No. 4181

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Gasconade
(b) City or town Bland Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: BLAND MO
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

8. (a) PRINT FULL NAME JEFFERSON BRANSON

8. (b) If veteran, name war no 3. (c) Social Security No. 499-03-1354

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

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

7. Birth date of deceased Apr 29 1884
(Month) (Day) (Year)

8. AGE: Years 56 Months 11 Days 2 If less than one day _____ hr. _____ min.

9. Birthplace near Bland Mo
(City, town, or county) (State or foreign country)

10. Usual occupation laborer

11. Industry or business _____

12. Name Reiley Branson

13. Birthplace not known
(City, town, or county) (State or foreign country)

14. Maiden name Martha Lemore

15. Birthplace not known
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Alta Branson

(b) Address Bland Mo

17. (a) burial (b) Date thereof 4-3-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Ceme.

18. (a) Signature of funeral director W. F. Hattenstatter

(b) Address Owensville, Mo.

19. (a) 4-1-41 (b) W. F. Hattenstatter
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar 31 1941 day _____ year 1941 hour 15 minute A. M.

21. I hereby certify that I attended the deceased from 1-1-40 to 3-31-41, 1941 and that last saw him alive on 3-29-41, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death _____

Pernicious

Due to Anemia

Due to General weakness

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

Signature W. F. Hattenstatter (M. D. or other) _____

Address Bland Mo Date signed 3-31-41

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

Milford N. H. Winter

Licensed Embalmer No. 3838

P. O. Address Owensville 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.