

Rev. 5-17-39  
U.S. 1 X1951

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILLED NOV 14 1941  
356

Registration District No.

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Primary Registration District No.

State File No.

35523

Registrar's No.

42

1. PLACE OF DEATH:

- (a) County Mercer  
(b) City or town Princeton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 74 Years  
years, months or days)

8. (a) PRINT FULL NAME William W. Branam

8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Jane Branam 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased May 4 1867  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
74 5 25 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Pensioner

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Branam  
13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Lehas Branam  
(b) Address Altamont, Mo.

17. (a) Burial (b) Date thereof Oct. 30-41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Pine

18. (a) Signature of funeral director W. H. Perry  
(b) Address Princeton, Mo.

19. (a) 10/29-41 (b) J. M. Perry  
(Date received local registrar) (Registrar's signature)

(Licensed Embalmers' Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo. (b) County Mercer 15  
(c) City or town Princeton mo 1  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. City (If rural, give location) 6  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 29  
year 1941 hour 8 minute 00 A. M.

21. I hereby certify that I attended the deceased from Jan 1  
1940 to Oct 29, 1941;  
that I last saw him alive on Oct 28, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Lungs ✓ Duration 6 mos  
Due to Cancer of Breast 6 yrs

Other conditions was examined & treated  
(Include emergency within 3 months of death)  
at Cancer Hospital, Columbia, MD  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy none

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? 6

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

23. Signature J. M. Perry (M. D. or other) MD  
Address Princeton, Mo. Date signed 10/29-41

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**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.....

....., Registered Apprentice No. ....,  
working under my personal supervision.

Signed.....

Licensed Embalmer No. 3760

P. O. Address. Princeton, 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.**

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **35523**  
Registrar's No. **42**

Registration District No. **556**

Primary Registration District No. **4328**

1. PLACE OF DEATH

(a) County **Meru**  
(b) City or town **Princeton MO**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(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)

3. (a) PRINT FULL NAME

**William W. Branam**

3. (b) If veteran,

name war.

3. (c) Social Security

No.

4. Sex **m**

5. Color or race **w**

6. (a) Single, widowed, married, divorced. **w**

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased

**May 4 1867**  
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

(If less than one day)

**74**

**5**

**25**

hr. min.

9. Birthplace

(City, town, or county)

(State or foreign country)

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

13. Birthplace

(City, town, or county)

(State or foreign country)

14. Maiden name

15. Birthplace

(City, town, or county)

(State or foreign country)

16. (a) Informant

(b) Address

17. (a)

(Burial, cremation, or removal)

(b) Date thereof

(Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a)

(Date received local registrar)

(b)

**J M Perry**  
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **Meru**  
(c) City or town (If outside city or town limits, write "RURAL")  
(d) Street No. (If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **19**  
year **1941** hour minute M.

21. I hereby certify that I attended the deceased from

that I saw him alive on

and that death occurred on the date and hour stated above.

Immediate cause of death **Cancer Lungs - Direct**

**Cancer rt. Breast**

Due to **Cancer rt breast**

**caused by abuse of alcohol**

Due to **cause of lungs followed by**

**lungs (metastases destroyed)**

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations **50**

Of autopsy

PHYSICIAN

Underline

the cause to

which death

should be

charged sta-

tistically.

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 **J M Perry** (M. D. or other)

Address **Princeton MO** Date signed **11/19/41**

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

SUPPLEMENTARY

S-35523