

Registration District No. 733 Primary Registration District No. 4438

1. PLACE OF DEATH:
(a) County Randolph
(b) City or town Huntsville 7. no
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: County Infirmary
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20 years
(Specify whether years, months or days)

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

3. (a) PRINT FULL NAME William 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 Y

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

7. Birth date of deceased 4 13 1861
(Month) (Day) (Year)

8. AGE: Years 80 Months 9 Days 13 If less than one day _____ hr. _____ min.

9. Birthplace Monroe County 1
(City, town, or county) (State or foreign country)

10. Usual occupation Inmate of County Infirmary

11. Industry or business _____

12. Name unknown

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 Mr. L. B. Broadus

(b) Address Huntsville, Mo.

17. (a) Burial (b) Date thereof 1-27-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Huntsville, Mo.

18. (a) Signature of funeral director Tom B. Patton

(b) Address Huntsville, Mo.

19. (a) 2/3/42 (b) Mrs. P. V. Sawyer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 26 year 1942 hour 8:00 minute _____ A. M.

21. I hereby certify that I attended the deceased from Jan 15 to Jan 26, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Atherosclerosis
Due to Atherosclerosis

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

Major findings: 94a
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? _____

23. Signature D. H. Johnston (Specify type of place) (M. D. or other) D.
While at work? _____ (c) Means of injury _____
Address Huntsville Mo. Date signed 2/2/42

Duration 10
Underline the cause to which death should be charged statistically.

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

88
1
0

RECEIVED

District Health Officer No. 10

District File Number 2-42-309

Date Filed FEB 19 1942

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 Tom B Patton

Licensed Embalmer No. 3914

P. O. Address Huntville

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.