B. No. 2
9-4-41
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29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10371

FILED APR 22 1942

Registration District No. 1047 Primary Registration District No. 5561 Registrar's No. 92

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

400

1. PLACE OF DEATH:
(a) County Gallatin
(b) City or town Rural Gt Jam Drain Twsp
(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 1 (Specify whether
In this community — years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Gallatin
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. 5 mile North Near Tebbetts Mo (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

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3. (a) PRINT FULL NAME James Wesley Branch

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 Married

6. (b) Name of husband or wife —

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

7. Birth date of deceased March (Month) 21 (Day) 1941 (Year)

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

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

10. Usual occupation —

11. Industry or business —

FATHER
12. Name Otto Branch
13. Birthplace Gallatin (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Rosie Summers
15. Birthplace Gallatin (City, town, or county) Mo (State or foreign country)

16. (a) Informant Otto Branch
(b) Address Tebbetts Mo RFD

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 21 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Bell Cemetery

18. (a) Signature of funeral director None
(b) Address

19. (a) 3-23 1942 (Date received local registrar) (b) Joice Mouritsen (Registrar's signature)

1171

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 21 day Mar year 1942 hour — minute 12½ a M.

21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...
that I last saw h... alive on ..., 19...
and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
By Medical Attendant
Due to Cause not known
Due to
Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

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 Tractor

23. Signature Otto Branch (Mr. Brancher)
Address Tebbetts Mo Date signed 3/21/42

(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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

No. 2B
M—8-21-41
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 92

Registration District No. 104 Primary Registration District No. 5161 Registrar's No.

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

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Rural
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(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

3. (a) PRINT FULL NAME James Wesley Branch

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 S

6. (b) Name of husband or wife

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

7. Birth date of deceased Mar (Month) 21 (Day) 1942 (Year)

8. AGE: Years — Months — Days — If less than one day 5 min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
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) 3-23-42 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 21 year 1942 hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19; that I last saw him alive on 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to no medical attendant	
Due to cause not known	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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)
(b) 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 Josie Morsinkhoff Reg. (Date or other)
Address Fulton Mo. Date signed 4-23-42

SUPPLEMENTARY

10371