

FILED NOV 19 1942

4210

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. ....

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

1. PLACE OF DEATH:  
 (a) County Jackson  
 (b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
3516 Central  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution no.  
(Specify whether  
 In this community all his life  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Jackson  
 (c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 3516 Central  
(If rural, give location)  
 (e) Citizen of foreign country? no. (Yes or No)  
 If yes, name country x

3. (a) PRINT FULL NAME David C. Branham  
 (b) If veteran, name war no. (c) Social Security No. none

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month November day 11th,  
 year 1942 hour 5:50 minute A. M.

4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Vera Branham 6. (c) Age of husband or wife if alive 63 years  
 7. Birth date of deceased November 10 1877  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1930  
 to Nov 11 1942  
 that I last saw him alive on Nov 10 1942  
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>65</u>	<u>0</u>	<u>1</u>	.....hr. ....min.

Immediate cause of death Chronic myocarditis  
ruptured left coronary artery  
broken compensation  
 Due to .....  
 Due to 121B

9. Birthplace Missouri (City, town, or county) (State or foreign country) 0

Other conditions (Include pregnancy within 3 months of death) 0

10. Usual occupation Confectioner  
 11. Industry or business self

Major findings: Of operations .....  
 Of autopsy .....  
 PHYSICIAN  
 Underline the cause to which death should be charged statistically.

MOTHER FATHER  
 { 12. Name William Branham  
 { 13. Birthplace Indiana (City, town, or county) (State or foreign country) 1  
 { 14. Maiden name Mary Gilbert  
 { 15. Birthplace Indiana (City, town, or county) (State or foreign country) 1

16. (a) Informant Mrs. Vera Branham  
 (b) Address 3516 Central, Kansas City, Mo.

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? .....

17. (a) Cremation (b) Date thereof 11-13-42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Elmwood Cemetery

While at work? (Specify type of place) .....  
 (e) Means of injury 0

18. (a) Signature of funeral director Stine & McClure  
 (b) Address 3235 Gillham Plaza, K. C., Mo.

23. Signature Delav A. Williams (M. D. or other) 0  
 Address 206 Prof. Bldg Date signed 11/11/42

19. (a) 11-12-42 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

Dr. DeLon Williams

*DeLon Williams*

**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

*[Handwritten Signature]*

Licensed Embalmer No. *1415*

P. O. Address *[Handwritten Address]*

**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.**