V. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 11 1943

Registration District No. 118

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6279 State File No.

Primary Registration District No. 3437

Registrar's No. 30

1. PLACE OF DEATH:
(a) County GASCONADE
(b) City or town "RURAL" BOURBEOUS TWP
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: BLAND ROUTE 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ~~(Specify whether~~
In this community 43 YRS. years, months or days)

2. USUAL RESIDENCE OF DECEASED: 37
(a) State MISSOURI (b) County GASCONADE
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. BLAND ROUTE 1
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ELLEN FRANCIS BRANSON
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex FEMALE | 5. Color or race WHITE | 6. (a) Single, widowed, married, divorced WIDOW

6. (b) Name of husband or wife VALENTINE BRANSON
6. (c) Age of husband or wife if alive DEAD years

7. Birth date of deceased APRIL 14 (Month) 1870 (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	72	10	10	hr. min.

9. Birthplace WOOLLAM (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation HOUSE WORK
11. Industry or business

FATHER
12. Name FIELDEN SMITH
13. Birthplace GASCONADE COUNTY (City, town, or county) MISSOURI (State or foreign country)

MOTHER
14. Maiden name ISABELLE SMITH
15. Birthplace (City, town, or county) TENN. (State or foreign country)

16. (a) Informant ALFRED BRANSON
(b) Address OWENSVILLE ROUTE
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof FEB 1943 (Month) (Day) (Year)
(c) Place: burial or cremation UNION CEM. BLAND MO.
18. (a) Signature of funeral director W. F. Gottenstrater
(b) Address Owensville Mo.
19. (a) February 27, 1943 (Date received by local registrar) Myrtle M. Wenkel (Registrar's signature)

1287

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB day 24
year 1943 hour 2 minute 15 P. M.

21. I hereby certify that I attended the deceased from 2-24 1943 to same date 19...; that I last saw her alive on 2-24 1943; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Auricular Fibrillation	3 hrs.
Due to Chronic Myocarditis	4 yrs.
Due to Arteriosclerosis	3 yrs.
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations None
Of autopsy None

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

23. Signature Paul A. Brauer (M. D. or other) M.D.
Address Owensville, Mo. Signed 2-26-43

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 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, fact should be so stated above.