

FILED APR 14 1943

State File No.

Registration District No. 77

Primary Registration District No. 3005

Registrar's No. 71

14
1
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Callaway
(b) City or town Uniontown
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 27 1/2 9M 60
(Specify whether years, months or days) yr

3. (a) PRINT FULL NAME Valentine Branson

3. (b) If veteran, name war DK 3. (c) Social Security No. DK-

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased. DK
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
About 77 hr. min.

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

10. Usual occupation None

11. Industry or business

MOTHER FATHER

12. Name DK

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

14. Maiden name DK

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

16. (a) Informant Record

(b) Address

17. (a) Removal (b) Date thereof. 3 9 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Columbiana

18. (a) Signature of funeral director J. O. Roberts
(b) Address Columbiana Mo

19. (a) 3-9-1943 (b) Jane Masunhoff
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cassowade 14
(c) City or town 2
(If outside city or town limits, write "RURAL")
(d) Street No. County Home
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 2
year 1943 hour minute M.

21. I hereby certify that I attended the deceased from 3/2/1943 to 3/2/1943
that I last saw him alive on 3/2/1943
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocarditis Duration 8 hrs

Due to Chronic Myocarditis 2 yrs

Due to Generalized Atherosclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 930
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?

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

23. Signature George H. Quere (M. D. or other) MD
Address Fulton Mo Date signed 3/2/43

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.....
....., 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 with the above constitutes grounds for revocation of license.)

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