S. No. 2
M—9-4-41
5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14781

FILED MAY 6 1943

Registration District No. 6 1943 Primary Registration District No. 4302 Registrar's No. 60

1. PLACE OF DEATH:

(a) County Livingston

(b) City or town Chula
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 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 45 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 59

(a) State Missouri (b) County Livingston

(c) City or town Chula. 0
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME John William Branson

3. (b) If veteran, name war

3. (c) Social Security No. 487-14-5530

4. Sex Male

5. Color or race W

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of ~~husband~~ or wife Rosa M. Branson

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased July (Month) 27 (Day) 1871 (Year)

8. AGE: Years 71 Months 9 Days 23 If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business

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

MOTHER
14. Maiden name Mary J Ogan
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Presta Young

(b) Address Chillicothe Mo. R.R. 3

17. (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof May (Month) 2 (Day) 1943 (Year)

(c) Place: burial or cremation Plainview.

18. (a) Signature of funeral director E. J. Robertson

(b) Address Laredo Mo.

19. (a) May 2 (Date received local registrar) (b) Lou Ella Curry (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 30 year 1943 hour 10-25 minute a. M.

21. I hereby certify that I attended the deceased from April 25, 1943 to April 30, 1943 that I last saw him alive on April 29, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of stomach — Duration 1 year

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

46

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 R. P. Brennan (M. D. ~~or other~~)

Address Chillicothe, Mo. Date signed 5/2/43

458 (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 E. J. Robertson

Licensed Embalmer No. 2468

P. O. Address Jarrett, 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.