S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

55 23
44
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State File No. 29565

FILED SEP 9 1943

Registration District No. 256

Primary Registration District No. 6209

Registrar's No. 38

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

1. PLACE OF DEATH:

(a) County Texas

(b) City or town Houston Rural Pump
(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 Missouri (b) County Texas 107 0

(c) City or town Houston Rural
(If outside city or town limits write "RURAL")

(d) Street No. East 2½ Miles
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Aaron Brannam

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or Race Wht

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

6. (b) Name of husband or wife Sarah Ogles

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased Feb (Month) 14 (Day) 1886 (Year)

8. AGE: Years 57 Months 5 Days 21 If less than one day hr. min.

9. Birthplace Indiana (City, town, or county) 1 (State or foreign country)

10. Usual occupation Farming

11. Industry or business

FATHER
12. Name John Brannam
13. Birthplace Unknown (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Rebbeca Shelly
15. Birthplace Unknown (City, town, or county) 4 (State or foreign country)

16. (a) Informant Sarah Brannam wife
(b) Address Houston, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug (Month) 9 (Day) 43 (Year)
(c) Place: burial or cremation Central Baptist

18. (a) Signature of funeral director Lynn Evans
(b) Address Houston Mo

19. (a) Aug. 14-43 (Date received local registrar) (b) Mrs. Ella Duff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 7
year 1943 hour 1:00 minute P. M.

21. I hereby certify that I attended the deceased from July 1, 1943, to Aug 7, 1943
that I last saw him alive on Aug 7, 1943;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of sigmoid colon	6 mo.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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 Henry R. Rosy (M. D. or other) D.O.
Address Houston, Mo Date signed 8-8-43

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5,
District File Number 943525
Date Filed 9-7-43

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 Denver Roller

Licensed Embalmer No. 4006

P. O. Address Ava, 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, above space should be left blank.