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

FILED NOV 1 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 33714

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4478

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: St. Joseph Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 Weeks (Specify whether
In this community 12 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 8
(d) Street No. 337 South Elmwood Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ---

3. (a) PRINT FULL NAME Mr. Archie Pearl Branham
3. (b) If veteran, name war No
3. (c) Social Security No. 495-05-5559
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs. Beatrice Stewart Branham
6. (c) Age of husband or wife if alive 42 years
7. Birth date of deceased May (Month) 10 (Day) 1892 (Year)

8. AGE: Years 51 Months 5 Days 9 If less than one day ___ hr. ___ min.

9. Birthplace Centralia (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Mixer
11. Industry or business Cook Paint and Varnish Company
FATHER
12. Name William Benjamin Branham
13. Birthplace Monroe County (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Alice Enochs
15. Birthplace (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Beatrice Branham
(b) Address 337 S. Elmwood
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 21, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill Cemetery
18. (a) Signature of funeral director D. W. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.
19. (a) 10-22-43 (Date received local registrar) (b) T. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 19th year 1943 hour 4 minute 20 P. M.
21. I hereby certify that I attended the deceased from ___, 19__, to Oct 19, 1943
that I last saw him alive on Oct 19, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the pancreas. Metastases in liver -

Due to

Due to

Other conditions 469
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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 Delon A. Williams (M.D. or other)
Address 804 Prof Bldg Date signed 10/20/43

(Licensed Embalmer's Statement on Reverse Side)

806. Professional Bldg.
12-5-30

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 H C Newcomer Jr

Licensed Embalmer No. 4043

P. O. Address K.C. 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.