

FILED JAN 10 1944
DEPARTMENT OF COMMERCE
BUREAU OF VITAL STATISTICS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 12 1944 7

Primary Registration District No. 5880

Registrar's No.

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

1. PLACE OF DEATH:
 (a) County Osage
 (b) City or town Rural
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
At Home
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution..... (Specify whether
 In this community 78 Years (Specify whether
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Osage
 (c) City or town Linn, Mo.
 (If outside city or town limits, write "RURAL")
 (d) Street No.....
 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME Lucy Ann Branson
 3. (b) If veteran, name war..... 3. (c) Social Security No.....

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month NOV day 28th
 year 1943 hour 5 minute 55 a.m.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Wm T. Branson 6. (c) Age of husband or wife if alive 76 years
 7. Birth date of deceased June 4th, 1871
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 11-1- 1943 to 11-24- 1943;
 that I last saw her alive on 11-24- 1943;
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>5</u>	<u>20</u>	hr. min.

Immediate cause of death Hypostatic Pneumonia
Diabetes Mellitus
 Due to.....
 Due to.....

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

Other conditions (Include pregnancy within 3 months of death) 6/1/43

10. Usual occupation House Wife

11. Industry or business.....

Major findings:
 Of operations.....
 Of autopsy.....
 Underline the cause to which death should be charged statistically.

12. Name Robert R. Maples

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

14. Maiden name Rebecca Mosley

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

16. (a) Informant Wm T. Branson
 (b) Address Linn, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-28-43
 (Month) (Day) (Year)
 (c) Place: burial or cremation Pointers Creek Ceme

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?
ary

18. (a) Signature of funeral director Clyde Morton
 (b) Address Pox 144, Linn, Mo.

White at work?..... (Specify type of place)
 (e) Means of injury.....
 23. Signature Thomas J. Ballou (M. D. or other) Do.
 Address Linn, Mo. Date signed 11-27-43

19. (a) Nov 28-43 (Date received local registrar) (b) Th. Dubouillet (Registrar's signature)

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 Vernon Morton
Licensed Embalmer No. 4125
P. O. Address Linn, 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.