

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37716

State File No.

Registrar's No. 106

FILED DEC 8, 1944

Registration District No.

Primary Registration District No. 4190

1. PLACE OF DEATH

(a) County Gasconade
(b) City or town Cora Bell Branson
(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) i
(d) Length of stay: In hospital or institution. (Specify whether
In this community 31 years
years, months or days)

3. (a) PRINT
FULL NAME

Cora Bell Branson

3. (b) If veteran,

name war. no

3. (c) Social Security

No. none

4. Sex Female

5. Color or
race White

6. (a) Single, widowed, married,
2 divorced Widowed

6. (b) Name of husband or wife
Dennis E. Branson

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

7. Birth date of deceased Dec
(Month)

24 (Day) 1873 (Year)

8. AGE:

Years

Months

Days

If less than one day

71

10

26

hr. min.

9. Birthplace

Rolla,

(City, town, or county)

Mo.

(State or foreign country)

10. Usual occupation

Housewife

11. Industry or business

Home

12. Name

Jacob Hawkins

13. Birthplace

Unknown

(City, town, or county)

Unknown

(State or foreign country)

14. Maiden name

Sarah Jones

15. Birthplace

Unknown

(City, town, or county)

Unknown

(State or foreign country)

16. (a) Informant

Pecil Branson

(b) Address

Blair, Mo.

17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof

11-24-44

(Month) (Day) (Year)

(c) Place: burial or cremation

Union Cem. Blair, Mo.

18. (a) Signature of funeral director

Gasconade Funeral Service

(b) Address

Blair, Mo.

19. (a) Nov. 24, 1944

(Date received local registrar)

Myrtle M. Winkler

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Gasconade
(c) City or town Blair 37
(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 U

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 20
year 1944 hour Four minute 50 p.m.

21. I hereby certify that I attended the deceased from
4/13/44 to 11/20/44
that I last saw her alive on 4/19/44, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death

Cerebral Hemorrhage 3 days

Due to

Chronic Myocarditis 5 yrs

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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

R. H. Schuchman

Address

Blair, Mo.

Date signed 11/24/44

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 16 1945

RECEIVED

District Health Officer No. 9,

District File Number

Date Filed 12-6-44

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. *me*

working under my personal supervision.

Signed *Robert M. Murray*

Licensed Embalmer No. *3749*

P. O. Address *Owensville, 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.