S. No. 2
1—8-43
5-17-39
P I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 7 1945

Registration District No. 172

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 2741

Primary Registration District No. 5640

Registrar's No. 3

**1. PLACE OF DEATH:**

(a) County: Lafayette

(b) City or town: Higginsville, Mo. Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: R. F. D.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days)

In this community 34 years

**2. USUAL RESIDENCE OF DECEASED:**

(a) State: Missouri (b) County: Lafayette

(c) City or town: Rural-Higginsville.
(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 --

3. (a) PRINT FULL NAME: Mrs. Gannet Philips Branson

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: Female

5. Color or race: white

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

6. (b) Name of husband or wife: John R. Branson

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

7. Birth date of deceased: Sept. (Month) 28 (Day) 1879 (Year)

8. AGE: Years 65 Months 3 Days 27 If less than one day hr. min.

9. Birthplace: Warrensburg, (City, town, or county) Mo. (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business

FATHER
12. Name: Rev. L. M. Philips
13. Birthplace: Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Linnie Norfleet
15. Birthplace: Unknown (City, town, or county) (State or foreign country)

16. (a) Informant: Flora A. Philips
(b) Address: 5729 Nopa Ave. K.C. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Jan. 27 1945 (Month) (Day) (Year)

(c) Place: burial or cremation: Higginsville, Mo.

18. (a) Signature of funeral director: Alfred Hacker
(b) Address: Higginsville Mo.

19. (a) 1-30-1945 (Date received local registrar) (b) Dr. W. A. Braeckleir (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month January day 25th year 1945 hour 2 minute 20 A. M.

21. I hereby certify that I attended the deceased from Feb 29, 1944, to Jan. 14, 1945, that I last saw her alive on Jan. 14, 1945, and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Cardiac exhaustion | |
| Due to: Chronic myocarditis | several yrs |
| Due to: Toxic nodular thyroid | |
| Other conditions: Albuminuria + edema (Include pregnancy within 3 months of death) | 12 mo |

Major findings:
Of operations: 63 fr
Of autopsy:

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: O. H. Gaul (M. D. or other)

Address: Lexington Mo. Date signed 1/29/45

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 2-6-45

SEP 13 1940

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. 4358,
working under my personal supervision.

Signed Forest A. Hooper
Licensed Embalmer No. 4358
P. O. Address Higginsville 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.**