S. No. 2
M—2-43
y. 5-17-39
1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 10 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 10325

Registration District No. 2577 Primary Registration District No. 6881 Registrar's No.

16
000

1. PLACE OF DEATH:
(a) County Osage
(b) City or town Bland, Mo. R D No. 3
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: At Home / Jefferson Temp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 76 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Osage 76
(c) City or town Rural
(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 Margarete Elizebeth 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 Widow
6. (b) Name of husband or wife James Branson
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May (Month) 25 (Day) 1868 (Year)

8. AGE: Years	Months	Days	If less than one day
76	8	13	hr. min.

9. Birthplace Cooper Hill (City, town, or county) Mo (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name Emal Boyher
13. Birthplace St Louis (City, town, or county) Mo (State or foreign country)
MOTHER 14. Maiden name Elizabeth Massa
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Hugh Smith
(b) Address Bland Mo R.D.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-10-45 (Month) (Day) (Year)
(c) Place: burial or cremation College Hill Mo.
18. (a) Signature of funeral director Clyde Morton
(b) Address Linn Mo.
19. (a) Feb 10 1945 (Date received local registrar) (b) T. A. Dubouillet (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 8 year 1945 hour 8 minute A.M.
21. I hereby certify that I attended the deceased from Feb 1, 1945 to Feb 8, 1945 that I last saw he/she alive on Feb 8, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Thrombosis	8 hr
Due to Coronary Artery Disease	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations none
Of autopsy none

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 Charles L. Schmidt (M. D. or other)
Address Gerald Mo Date signed 2-9-45

1286

(Licensed Embalmer's Statement on Reverse Side)

OCT 21 1948

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 4-9-45

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 Omer H Jones Jr., Registered Apprentice No. 373, working under my personal supervision.

Signed Victor Bruscher

Licensed Embalmer No. 3701

P. O. Address Jefferson City 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.