

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUL 28 1945
318

Primary Registration District No. 1005

Registrar's No. 6200 ✓

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Enroute to City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 (Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gasconade ³⁷

(c) City or town Owensville ⁹
(If outside city or town limits, write "RURAL") ^D

(d) Street No. _____ (If rural, give location) ^{NR.}

(e) Citizen of foreign country? 1 (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Bunyan Basil Branson

3. (b) If veteran, name war Nil

3. (c) Social Security No. 492-12-5983

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6
year 1945 hour 3:55 minute 30.0 M.

4. Sex Male ^D

5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: September 29 1898
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>46</u>	<u>9</u>	<u>7</u>	_____ hr. _____ min.

Immediate cause of death _____

Due to _____

Due to _____

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

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

10. Usual occupation Common Laborer

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name William Oliver Branson

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

14. Maiden name Ida May Phelps

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

16. (a) Informant Mrs. Clarence Pendelton

(b) Address Owensville, Missouri

17. (a) Burial (b) Date thereof 7-17-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Owensville, Missouri

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) _____
(Date received) (Local Registrar) (Registrar's signature)

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)
(2) Means of injury 3

23. Signature Patricia E. Taylor (M. D. or other) _____
Address Deputy Coroner Date signed 7-17-45

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

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AUG 3 1945

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 *Albert G. Hopper*
Licensed Embalmer No. *2991*
P. O. Address.....

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.