

S. No. 2  
M-5-43  
5-17-39  
P. I X3667

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

State File No. **3807**

**FILED FEB 4 1946**  
Registration District No. **297**

Primary Registration District No. **6022**

Registrar's No. **8**

**1. PLACE OF DEATH:**

(a) County **Ray**

(b) City or town **Rural "Richmond"**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
**R. F. D. #1 Rayville, Mo.**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **no.** (Specify whether)

In this community **75 yrs** (years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Mo.** (b) County **Ray** **89**

(c) City or town **"Rural"**  
(If outside city or town limits, write "RURAL")

(d) Street No. **R. F. D. #1 Rayville, Mo.**  
(If rural, give location)

(e) Citizen of foreign country? **No.** (Yes or No)

If yes, name country.....

**3. (a) PRINT FULL NAME** **ELSIE M. BRANSON**

**3. (b) If veteran,** name war **None**

**3. (c) Social Security** No. **None**

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **Jan.** day **3**  
year **1946** hour **2** minute **A.M.**

**21. I hereby certify that I attended the deceased from**  
**5-10-45**, 19, to **1-3-46**, 19,;  
that I last saw her alive on **1-2-46**, 19,;  
and that death occurred on the date and hour stated above.

**4. Sex** **Female** **5. Color or** race **white**

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

**6. (b) Name of husband or wife** **William Branson**

**6. (c) Age of husband or wife if** alive **87** years

**7. Birth date of deceased** **Aug 18, 1860**  
(Month) (Day) (Year)

Immediate cause of death **Valvular Heart Disease**

Due to.....

Due to.....

Other conditions **Influenza**  
(Include pregnancy within 3 months of death)

**Duration**

**?**

**5 days**

**8. AGE:** Years **85** Months **4** Days **15**  
If less than one day  
.....hr. ....min.

**9. Birthplace** **Council Bluffs Iowa**  
(City, town, or county) (State or foreign country)

**10. Usual occupation** **Housewife**

**11. Industry or business**.....

**MOTHER FATHER**

**12. Name** **Joseph B. Braven**

**13. Birthplace** **North Carolina**  
(City, town, or county) (State or foreign country)

**14. Maiden name** **Bethena Arledge**

**15. Birthplace** **North Carolina**  
(City, town, or county) (State or foreign country)

**PHYSICIAN**

Underline the cause to which death should be charged statistically.

Major findings:  
Of operations.....

Of autopsy..... **33K**

**16. (a) Informant** **William Branson**

**(b) Address** **Rayville, Mo.**

**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?**.....

**17. (a) Burial, cremation, or removal** **burial** **(b) Date thereof** **1/5-1946**  
(Month) (Day) (Year)

**(c) Place: burial or cremation** **Old Union Cemetery**

**23. Signature** **Jos J. Con** (M. D. or D.M.R.)

Address **Richmond, Mo.** Date signed **1-9-46**

**18. (a) Signature of funeral director** **Richmond, Mo.**

**(b) Address** **Richmond, Mo.**

**19. (a) Jan 9-46** **(b) Malcol Jackson**  
(Date received local registrar) (Registrar's signature)

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

1849

**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.....

Licensed Embalmer No. *4096*

P. O. Address *Richmond, 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.**