

FILED MAR 6 1946

State File No. \_\_\_\_\_

Registration District No. 172

Primary Registration District No. 5640

Registrar's No. 17

1. PLACE OF DEATH:

(a) County Lafayette  
(b) City or town R.F.D. Higginsville  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: (Davis Township)  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community 52 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette 54  
(c) City or town Higginsville (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 John R. Branson

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased April 13th 1867  
(Month) (Day) (Year)

8. AGE: Years 78 Months 10 Days 12 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Washington Co. Virginia  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name William J. Branson  
13. Birthplace  Tenn  
(City, town, or county) (State or foreign country)  
14. Maiden name Tempa Humphreys  
15. Birthplace Abington Co. Virginia  
(City, town, or county) (State or foreign country)

16. (a) Informant Carl A. Branson  
(b) Address Higginsville, Mo.

17. (a) Burial (b) Date thereof Feb 28 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Higginsville, Mo.

18. (a) Signature of funeral director [Signature]  
(b) Address Higginsville, Mo.

19. (a) Feb 28-46 (b) Clayton H. Landrum  
(Date received local registrar) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 25 year 1946 hour 9 minute 30 P M.

21. I hereby certify that I attended the deceased from 1943 to Feb 25 1946 that I last saw him alive on Feb 25 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Valvular disease Duration many years  
Chronic nephritis " " "

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations None

Of autopsy [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? \_\_\_\_\_

(Specify type of place) While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature [Signature] M.D. or other? \_\_\_\_\_

Address Higginsville Mo Date signed 2/27/46

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

5400

RECEIVED

Health Officer No. 8,

Case File Number.....

Date Filed 3-5-46.....

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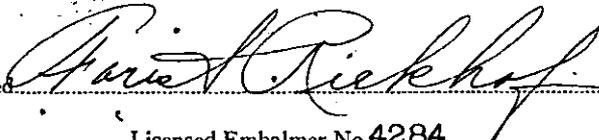
STATEMENT BY LICENSED EMBALMER

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. 4284.....

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.**