

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 13 1946

Registration District No. 178

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4190

State File No. 33234

Registrar's No.

1. PLACE OF DEATH

(a) County Gasconade
(b) City or town BLAND
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 years (Specify whether years, months or days)
In this community 12 years

3. (a) PRINT FULL NAME William Andrew Branson

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Martha Branson 6. (c) Age of husband or wife if alive 83 years

7. Birth date of deceased December 21 1867
(Month) (Day) (Year)

8. AGE: Years 29 Months 10 Days 9 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

12. Name George Branson

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

14. Maiden name Massey

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

16. (a) Informant Frank Branson

(b) Address Bland Mo.

17. (a) Buried (b) Date thereof Nov 1 - 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Cemetery

18. (a) Signature of informant Frank Branson

(b) Address Bland Mo.

19. (a) 11-4-46 (b) Dorothy Hackman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gasconade
(c) City or town BLAND
(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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 30
year 1946 hour 2 minute 10 A.M.

21. I hereby certify that I attended the deceased from 10-10-1946
to 10-30-1946
that I last saw him alive on 10-29
and that death occurred on the date and hour stated above.
Immediate cause of death: Gastro-Intestinal Duration

Due to

Due to

Other conditions Hypertension
(Include pregnancy within 6 months of death)

Major findings:
Of operations ✓

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? ✓

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

23. Signature G. A. Byrge (M.D. or other) ✓

Address Bland Mo. Date, signed 10-31-46

363

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 11/12/46

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

Arthur D. Bland

Licensed Embalmer No.

4178

P. O. Address

Bland

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.