

S. No. 2
M-5-43
r. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34379

FILED OCT 24 1946

Registration District No. 275 Primary Registration District No. 5942 Registrar's No. 139

1. PLACE OF DEATH:
(a) County Belle
(b) City or town Rolla Route no 1
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Marion 63
(c) City or town Belle
(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.

3. (a) PRINT FULL NAME Alice Branson
3. (b) If veteran, name war. 3. (c) Social Security No.
4. Sex F. 5. Color or race wh.
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Thomas J. Branson
6. (c) Age of husband or wife if alive. years
7. Birth date of deceased. Sept. 29 1869
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct. day 17
year 1946 hour 3 minute 30 P.M.
21. I hereby certify that I attended the deceased from July 20
1946, 19 , to Oct 17, 1946
that I last saw h alive on Oct 17, 1946, 19 ;
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
77 0 18 hr. min.

Immediate cause of death
Due to Congestive Heart Failure
Due to Old age
Other conditions (Include pregnancy within 3 months of death)
Major findings: 93E
Of operations
Of autopsy

9. Birthplace Brinktown Mo
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
12. Name Russell Duncan
13. Birthplace Denn
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Scott
15. Birthplace Ky
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

MOTHER FATHER
16. (a) Informant Allen B. Branson
(b) Address 503 East 10 Rolla Mo
17. (a) Burial (b) Date thereof 10-20-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Kennel Cem.
18. (a) Signature of funeral director W. J. ...
(b) Address 508 W 8th - Rolla Mo
19. (a) Oct. 19, 1946 (b) Mrs. Juanita Harvey
(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) (e) Means of injury
23. Signature HN Darr m (M. D. or other)
Address Rolla Mo Date signed 10/18/46

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

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.....

Jarrett B. Abernathy....., Registered Apprentice No. 419
working under my personal supervision.

Signed..... S. L. Muel.....

Licensed Embalmer No. 3397.....

P. O. Address..... Roller 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.