

FILED DEC 26 1946

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

Registration District No. 1

Primary Registration District No. 3000

Registrar's No. 437

1. PLACE OF DEATH:

(a) County Adair  
 (b) City or town Parisville  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: Laughlin Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 24 hours  
(Specify whether in this community years, months or days) 24 hours

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Putman  
 (c) City or town Strayville  
(If outside city or town limits, write "RURAL")  
 (d) Street No. XXXXXX  
(If rural, give location)  
 (e) Citizen of foreign country? XXXXX (Yes or No)  
 If yes, name country XXXXX

3. (a) PRINT FULL NAME James Branscomb

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

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

6. (b) Name of husband or wife Bessie Branscomb 6. (c) Age of husband or wife if alive 29 years

7. Birth date of deceased Nov 29 1889  
(Month) (Day) (Year)

8. AGE: Years 57 Months 0 Days 17 If less than one day X hr. X min.

9. Birthplace Putman Co Mo  
(City or county) (State or foreign country)

10. Usual occupation Coal Miner

11. Industry or business Mining

12. Name Henry Oliver Branscomb

13. Birthplace Putman Co Mo  
(City or county) (State or foreign country)

14. Maiden name Reddick Anderson

15. Birthplace Putman Co Mo  
(City or county) (State or foreign country)

16. (a) Informant Edgar Branscomb

(b) Address Strayville Mo

17. (a) Burial (b) Date thereof Dec 17 46  
(Burial, cremation or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cimarron Ia

18. (a) Signature of funeral director P. J. Taylor

(b) Address Jackson Mo

19. (a) 12-19-46 (b) Walter Lambert  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DECEMBER, day 16, year 1946, hour 7, minute 01 p.m.

21. I hereby certify that I attended the deceased from DECEMBER 15, 1946 to DECEMBER 16, 1946; that I last saw him alive on DECEMBER 16, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death BASILAR FRACTURE WITH ASSOCIATED EDEMA AND HEMORRHAGE Duration \_\_\_\_\_

Due to AUTOMOBILE ACCIDENT

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

Other conditions 1700 cc blood  
(Include pregnancy within 3 months of death)

Major findings: Of operations NO OPERATION

Of autopsy NO 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) ACCIDENT

(b) Date of occurrence DECEMBER 16, 1946

(c) Where did injury occur? LIVONIA PUTMAN MISSOURI  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? PUBLIC PLACE

While at work? NO (Specify type of place) (e) Means of injury AUTOMOBILE

23. Signature George A. Laughlin (M.D. or other) DDZ

Address Laughlin Hospital Date signed Dec 17 46

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

Parksville Mo  
Roadway

JAN 31 1947

RECEIVED  
District Health Officer No. 10  
District File Number 12-46-2344  
Date Filed DEC 24 1946

**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..... *P. J. Vinton* .....

Licensed Embalmer No. *3705* .....

P. O. Address *St. Louis 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.**