

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED MAR 6 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5640

Registration District No. 257

Primary Registration District No. 5880

Registrar's No.

1. PLACE OF DEATH:

(a) County Osage  
(b) City or town Linn Mo R.D.  
(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 Life  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Osage 76  
(c) City or town Linn R.D. 0  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location) 0  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) 0  
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, Widowe

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Sept 22 1870  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
76 5 3 hr. \_\_\_\_\_ min.

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

10. Usual occupation Retired Merchant

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

MOTHER FATHER { 12. Name Dave Branson  
13. Birthplace Judge Mo  
(City, town, or county) (State or foreign country)  
14. Maiden name Matilda Phelps  
15. Birthplace Osage Co Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Robert Branson

(b) Address Linn Mo

17. (a) Burial (b) Date thereof 2-27-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation College Hill

18. (a) Signature of funeral director Clyde Motter

(b) Address Linn Mo

19. (a) 2-28-1947 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 25  
year 1947 hour 11 minute \_\_\_\_\_ a. M.

21. I hereby certify that I attended the deceased from Feb 27, 1947,  
that I last saw him alive on Feb 23, 1947,  
and that death occurred on the date and hour stated above.

Immediate cause of death Unrecorded

Due to Arteriosclerotic Heart Disease

Due to Senility

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

Major findings: Of operations [Signature]  
Of autopsy \_\_\_\_\_

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 L. P. Kibler M.D. (M. D. or other) \_\_\_\_\_  
Address Jaffarian City, Mo Date signed 2-27-47

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

250

(Licensed Embalmer's Statement on Reverse Side)

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

76  
0  
0

RECEIVED  
District Health Officer No. 9,  
District File Number  
MAR 3 1947  
Date filed

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..... *Vernon M. Moulton*  
Licensed Embalmer No. *4125*  
P. O. Address..... *Leam*

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.