

FILED MAY 8 1947  
Millies 333

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 16092

Registration District No. 233

Primary Registration District No. 3074

Registrar's No. 37

1. PLACE OF DEATH:

(a) County Scott  
(b) City or town Sikeston  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
221 Moore Ave.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 21 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scott / 100  
(c) City or town Sikeston 5  
(If outside city or town limits, write "RURAL")  
(d) Street No. 221 Moore Ave. 2  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No) 0  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME John William Branum

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced 1

6. (b) Name of husband or wife Clara Branum 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased 8 22 1868  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
78 7 27 hr. min.

9. Birthplace New Madrid Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

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

MOTHER FATHER { 12. Name John W. Branum  
13. Birthplace Unknown Carolina  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant William E. Branum  
(b) Address 410 E. Gladys, Sikeston, Mo.

17. (a) Burial (b) Date thereof 4/21/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation Sikeston, Mo.

18. (a) Signature of funeral director H.W. Albritton

(b) Address Sikeston, Mo.

19. (a) 4-26-47 (b) Mrs. T. F. Henry  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 19  
year 1947 hour 12 minute 35 p.m.

21. I hereby certify that I attended the deceased from Nov 46  
1946 to Death 1947  
that I last saw him alive on 19 April 47 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis, Pulmonary

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

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

Other conditions 13 B  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

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 W. J. Millies (M. D. or other) 0  
Address Sikeston, Mo Date signed 23 April 47

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

100  
5  
2

RECEIVED

Public Health Office No. 2,

District File Number 547-667

Date Filed 5-5-47

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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 John Allerton  
Licensed Embalmer No. 2941  
P. O. Address Superior, 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.**