

# THE STATE BOARD OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **18154**  
Registrar's No. **39**

Registration District No. **210**

Primary Registration District No. **S774**

## 1. PLACE OF DEATH:

(a) County **Mercer**  
(b) City or town **Ravanna Twp.**  
(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

3. (a) PRINT FULL NAME **Edward M. Branam**

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 **Married**  
6. (b) Name of husband or wife **Octava Branam** 6. (c) Age of husband or wife if alive **77** years  
7. Birth date of deceased **May 30 1868**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**78 11 11** hr. min.

9. Birthplace **Mercer Co. Mo.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

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

MOTHER FATHER { 12. Name **James Branam** 9  
13. Birthplace **Unknown** (City, town, or county) (State or foreign country)  
14. Maiden name **Martha Campbell** 9  
15. Birthplace **Unknown** (City, town, or county) (State or foreign country)

16. (a) Informant **Oscar Branam**

(b) Address **Newtown, Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **5-12-47** (Month) (Day) (Year)

(c) Place: burial or cremation **Princeton**

18. (a) Signature of funeral director **Martin Funeral Home**

(b) Address **Princeton, Mo.**

19. (a) **5-12-47** (Date received local registrar) (b) **Gran Martin** (Registrar's signature) 190

## 2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Mercer** 65  
(c) City or town **Rural** 6  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location) 0  
(e) Citizen of foreign country? **No** (Yes or No) 0  
If yes, name country \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **11** year **1947** hour **3** minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from **Apr. 1** 19**47** to **May 11** 19**47**  
that I last saw him alive on **May 11** 19**47**  
and that death occurred on the date and hour stated above

Immediate cause of death **Cardiomyopathy + Stomach + Liver** 2 mo +

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

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

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

Major findings: **41c B**  
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 **[Signature]** (M. D. or other) **Full**  
Address **Princeton, Mo.** Date signed **May 13** 47

(Licensed Embalmer's Statement on Reverse Side)

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

**DISTRICT HEALTH OFFICE**  
**Cameron, Mo.**

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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.....

*Not Embalmed*....., Registered Apprentice No.....,  
working under my personal supervision.

Signed.....

*H. Isaac Martin*

Licensed Embalmer No.

*3760*

P. O. Address

*Clinton, 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.**