

No. 2  
-12-45  
5-17-39

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED MAY 24 1948

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17077

State File No. ....

Registration District No. 251

Primary Registration District No. 3048

Registrar's No. 119

1. PLACE OF DEATH:

(a) County Nodaway

(b) City or town Maryville  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Francis Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days)

In this community 63 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway **74**

(c) City or town Maryville **1**  
(If outside city or town limits, write "RURAL")

(d) Street No. 942 West Third **2**  
(If rural, give location)

(e) Citizen of foreign country? no **0**  
(Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME EARL CLIFTON BRANIGER

3. (b) If veteran, name war World War I 3. (c) Social Security No. none

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

6. (b) Name of husband or wife Marjorie Trout Braniger 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased June 30 1880  
(Month), (Day), (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>66</u>	<u>10</u>	<u>2</u>	hr. min.

9. Birthplace Birmingham Ohio  
(City, town, or county) (State or foreign country)

10. Usual occupation Dental Surgeon

11. Industry or business Self-employed

MOTHER, FATHER

12. Name Roland Braniger

13. Birthplace Ohio  
(City, town, or county) (State or foreign country)

14. Maiden name Linnie A. Price

15. Birthplace Birmingham, Ohio  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. E. C. Braniger

(b) Address Maryville, Missouri

17. (a) burial (b) Date thereof 5/5/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Miriam

18. (a) Signature of funeral director Price Funeral Home

(b) Address Maryville, Missouri

19. (a) 5-8-48 (b) Bess Holt  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2 year 1948 hour 7 minute 20 **OK** M.

21. I hereby certify that I attended the deceased from April 28 1948 to May 2 1948

that I last saw him alive on May 1 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Perforated gastric ulcer **3 days**

Due to Perforated gastric ulcer **within**

Due to .....

Other conditions. 170  
(Include pregnancy within 3 months of death)

Major findings: Of operations 170

Of autopsy Inducted pyrolytic ulcerated area leading contents

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 0

23. Signature F. A. Blosser (M. D. or other)

Address Maryville Mo Date signed 5/4/48

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

JAN 21 1948

MAY 27 1948

FEB 18 1958

DISTRICT HEALTH OFFICE  
Cameron, Mo.

MAY 25 1948

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..... *Clayton M. Price* .....

Licensed Embalmer No. *1822*

P. O. Address..... *Maryville, 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.