S. No. 300
M—10-47
v. 5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 8 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29402

Registration District No. 115 Primary Registration District No. 5433 Registrar's No.

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

1. PLACE OF DEATH:
(a) County Franklin
(b) City or town Rural R#1
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 20 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Osage 76
(c) City or town Near Linn, Mo. 0
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Ruth Jane Branson
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F 1
5. Color or race W
6. (a) Single, widowed, married, divorced widowed 2
6. (b) Name of husband or wife Andrew J. Branson
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Mar (Month) 3 (Day) 1852 (Year)

8. AGE: Years 96 Months 5 Days 24 If less than one day hr. min.

9. Birthplace Gasconade county (City, town, or county) 0 (State or foreign country)
10. Usual occupation House wife
11. Industry or business
FATHER
12. Name Henry Fowler
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name Sally Jett
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant Mrs. John Loyd
(b) Address R#1 Union, Mo.
17. (a) Burial & Removal (Burial, cremation, or removal) (b) Date thereof Aug 27-48 (Month) (Day) (Year)
(c) Place: burial or cremation Wash Branson Cemetery
18. (a) Signature of funeral director Clyde Morton
(b) Address Linn Mo.
19. (a) 8/27/48 (Date received local registrar) (b) F. T. Cooper (Registrar's signature) 70

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 27 year 48 hour 12 minute 45 P.M.

21. I hereby certify that I attended the deceased from 7-15, 1948, to 8-27, 1948; that I last saw her alive on 8-26-48, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Arteriosclerotic Cardio Vascular Disease	2 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 732

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)
(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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature B. G. Stuhlmann (M. D. or other) M.D.
Address Union, Mo. Date signed 8-27-48

(Licensed Embalmer's Statement on Reverse Side)

Date Filed 10-7-48

Number

Health Officer No. 9,

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. Morton

Licensed Embalmer No.....

P. O. Address.....

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.