

S. No. 2
M-1/47
5-17-39

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED DEC 30 1948
Registration District No. 77

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3016

State File No. 39665

Registrar's No. 282

26
37

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

1. PLACE OF DEATH:

(a) County... Cole

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

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

(d) Length of stay: In hospital or institution... 10 days
(Specify whether)

In this community...
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State... Missouri (b) County... Cole

(c) City or town... Jefferson City
(If outside city or town limits, write "RURAL")

(d) Street No... 1412 E. Atchison
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME... Barney Franklin Branson

3. (b) If veteran, name war... no

3. (c) Social Security No... 490-09-7383

4. Sex... Male
5. Color or race... White

6. (a) Single, widowed, married, divorced... Married

6. (b) Name of husband or wife... Mary Susie

6. (c) Age of husband or wife if alive... 68 years

7. Birth date of deceased... Jan 2 1879
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
69	11	18	hr. min.

9. Birthplace... Judge, Mo. Csaage Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation... Labor Rep.

11. Industry or business.....

12. Name... Mart Branson

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

14. Maiden name... Mary Clack

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

16. (a) Informant... Mrs. B. F. Branson

(b) Address... Jefferson City, Mo.

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof... 12-22-48
(Month) (Day) (Year)

(c) Place: burial or cremation... Riverview Cemetery

18. (a) Signature of funeral director... Victor Busche

(b) Address... Jefferson City, Mo.

19. (a) 12-21-48
(Date received local registrar)

(b) R.P. ...
(Registrar's signature)

Jefferson City Printing Co.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month... 12 day... 20
year... 48 hour... 4 minute... 2 M.

21. I hereby certify that I attended the deceased from... 12/5/48
....., 19....., to... 12/20/48
that I last saw him alive on... 12/19/48
and that death occurred on the date and hour stated above.

Immediate cause of death... Gas gangrene

Due to... thigh amputation

Due to... thrombo angitis obliterans about

Other conditions... (include pregnancy within 3 months of death)

Major findings:
Of operations...
Of autopsy... 99

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?..... Means of injury... 0

23. Signature... [Signature] (M. D. or other).....
Address... Jefferson City, Mo. Date signed... 12/20/48

Duration

36 hrs

6-8 hrs

7 wks.

PHYSICIAN

Underline the cause of which death should be charged statistically.

RECEIVED
District Health Officer No. 9,
District File Number DEC 29 1948
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 Victor Buescher

Licensed Embalmer No. 3701

P. O. Address Jefferson City

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.