

FILED FEB 9 1949

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

848

Registration District No. 118

Primary Registration District No. 4188

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Gasconade
(b) City or town Owensville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 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 27 years
years, months or days

3. (a) PRINT

FULL NAME Louis Franklin Branson

3. (b) If veteran,

name war **

3. (c) Social Security

No. 497-07-3444

4. Sex

male5. Color or
race white6. (a) Single, widowed, married,
divorced married6. (b) Name of husband or wife Alice6. (c) Age of husband or wife if
alive 64 years7. Birth date of deceased November 14 1890
(Month) (Day) (Year)

8. AGE:

Years

58

Months

1

Days

29

If less than one day

hr. min.

9. Birthplace

Judge

(City, town, or county)

Missouri

(State or foreign country)

10. Usual occupation Salesman

11. Industry or business

12. Name Berney Branson13. Birthplace Unknown

(City, town, or county)

(State or foreign country)

14. Maiden name Mary Susan Clack15. Birthplace Unknown

(City, town, or county)

(State or foreign country)

16. (a) Informant Elmo Branson(b) Address Owensville, Mo.17. (a) Burial (b) Date thereof 1-16-49
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Owensville City Cem.18. (a) Signature of funeral director Myford H. H. Winter
Owensville, Mo.(b) Address 36319. (a) Jan 29, 1949 (b) Dorothy Lachman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gasconade 37
(c) City or town Owensville 3
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 13
year 1949 hour 10 minute 30 a.m.

21. I hereby certify that I attended the deceased from

1-11, 1949, to 1-13, 1949that I last saw him alive on 1-13
and that death occurred on the date and hour stated above.Immediate cause of death Hemorrhage
from gastric ulcer

Duration

2 dys

Due to

Due to

Other conditions None
(Include pregnancy within 3 months of death)

Major findings:

Of operations NoneOf autopsy None

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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)

(c) Means of injury 023. Signature Paula Branson (M. D. or other) MDAddress Owensville, Mo. Date signed 1-14-49

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed FEB 8 1949

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, ~~XXX~~ *M. R.*

....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Myford N. N. Winter*
Licensed Embalmer No..... *3835*

P. O. Address..... Owensville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed; fact should be so stated above.