

REC'D OCT 18 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

31752

1. PLACE OF DEATH  
County BUCHANAN Registration District No. 85  
Township WASHINGTON Primary Registration District No. 1001  
City ST. JOSEPH (No. 2723 FRANCIS ST.) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME CLARENCE SAMUEL BRANSON 652  
(a) Residence, No. 2723 FRANCIS ST. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED  
HUSBAND OF AUDEEN BRANSON  
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) APRIL 27, 1888

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
50 4 19

21. DATE OF DEATH (MONTH, DAY, AND YEAR) SEPT, 16, 1938, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 16, 1938, to Sept 16, 1938  
I last saw h. M. Sept 16 alive on Sept 16, 1938 Death is said to have occurred on the date stated above, at 12:15 A. M.

The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis Date of onset Sept 16

Other contributory causes of importance:

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. PHYSICIAN, AND SURGEON  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. self  
10. Date deceased last worked at this occupation (month and year) SEPT, 15, 1938 11. Total time (years) spent in this occupation 27 yrs.

12. BIRTHPLACE (CITY OR TOWN) ST. JOSEPH, MISSOURI (STATE OR COUNTRY)13. NAME CHARLES BRANSON14. BIRTHPLACE (CITY OR TOWN) UNKNOWN VIRGINIA (STATE OR COUNTRY)15. MAIDEN NAME CORA HUTTON16. BIRTHPLACE (CITY OR TOWN) UNKNOWN IOWA (STATE OR COUNTRY)17. INFORMANT AUDEEN BRANSON, 2723 FRANCIS STREET, (ADDRESS)18. BURIAL, CREMATION, OR REMOVAL  
PLACE MEMORIAL PARK DATE SEPT, 17, 193819. UNDERTAKER FLEEMAN & SON INC. 1946 COLHOUN ST. ST. JOSEPH, MO. (ADDRESS)20. FILED Sept 17, 1938 H. J. Heattelbach Registrar.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Clinical Was there an autopsy? No23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1938Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? NoIf so, specify \_\_\_\_\_ (Signed) J. M. McLaughlin, M. D.(Address) Central Bldg85

Every item of information should be carefully supplied. Avoid numbers be stated EXPLICITLY. PHYSICIANS SHOULD STATE CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SEP 17 1945 STATEMENT BY LICENSED EMBALMER

I, John E. Rupp., Licensed Embalmer No. 3986

hereby certify that the body recorded on the reverse side of this

Certificate was embalmed by My self.

or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

(Signed) John E. Rupp.  
Licensed Embalmer No. 3986

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