

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

4081

State File No. _____

Registration District No. 6145

Primary Registration District No. 6145

Registrar's No. _____

1. PLACE OF DEATH:
(a) County TEXAS
(b) City or town Raymondville, Jackson Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County TEXAS
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. EAST RAYMONDUILLE
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME ROWLANDE BRANSON
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

20. DATE OF DEATH: Month JAN day 15
year 1940 hour 2 minute 10 P.M.

4. Sex MALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased MAR 7 1860
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from JAN 2
1940, to JAN 15, 1940
that I last saw him alive on JAN 11, 1940
and that death occurred on the date and hour stated above.
Immediate cause of death PULMONARY EDEMA Duration _____

8. AGE: Years 79 Months 10 Days 7
If less than one day _____ hr. _____ min.

Due to ACUTE DILATATION OF HEART AND GENERALIZED ANASARCA FROM HYPERTENSIVE NEPHRITIS
Other conditions CHRYNIA
(Include pregnancy within 3 months of death)

9. Birthplace PORE FOX, KEN
(City, town, or county) (State or foreign country)
10. Usual occupation RETIRED MERCHANT

Major findings: Of operations 121
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____
MOTHER FATHER { 12. Name NEMROD BRANSON
13. Birthplace KEN
14. Maiden name BELINDA ELY
15. Birthplace VIRB.
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant's own signature A. G. M. Branson
(b) Address Raymondville, Mo.
17. (a) BURIAL (b) Date thereof 1/16/40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation ALLEN
18. (a) Signature of funeral director Gaylord V. Elliott
(b) Address Houston, Tex.
19. (a) JAN 15 1940 (b) MO. Sara Gregory
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
(c) Means of injury _____
23. Signature Wm. D. Gullman (M. D. or other) MD
Address Houston Date signed 1-15-40

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.

RECEIVED

District Health Officer No. 5,

District File Number 240213

Date Filed 21440

Signed.....

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, above space should be left blank.