No. 2
-13-40
-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38715

Registration District No. 318 — Primary Registration District No. 2001 — Registrar's No. 922

FILED DEC 10 1940

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

1. PLACE OF DEATH
(a) County GREENE
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Burge Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days (Specify whether
In this community 5 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 530 Mt. Vernon
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Branaman, Mr. Chester Clarence
3. (b) If veteran, name war No — SS.491-03-5113
3. (c) Social Security No. None

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mary Josephine Branaman
6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased January (Month) 25 (Day) 1884 (Year)

8. AGE: Years 56 — Months 9 — Days 21 — If less than one day ..... hr. ..... min.

9. Birthplace Shibleys Point (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Traffic Manager & Rateman
11. Industry or business Ozark Truck Co.

FATHER
12. Name Branaman, James R.
13. Birthplace Unknown (City, town, or county) Virginia (State or foreign country)

MOTHER
14. Maiden name Hereford, Nancy Ann
15. Birthplace Unknown (City, town, or county) Virginia (State or foreign country)

16. (a) Informant Mr. Seldon Branaman (Son)
(b) Address 1163 South Ferguson
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11/16/40 (Month) (Day) (Year)
(c) Place: burial or cremation East Lawn Cem.
18. (a) Signature of funeral director Alma Lohmeyer
(b) Address Spfd. Mo.
19. (a) 11-16-40 (Date received local registrar) (b) W. E. Handley MD (Registrar's signature) RJB

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 16th year 1940 hour 10 minute 15 A.M.
21. I hereby certify that I attended the deceased from Nov. 6, 1940 to Nov. 16, 1940 that I last saw him alive on Nov. 16, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Artery occlusion	4 days
Due to Arterial Sclerosis	?
Due to	
Other conditions Chr myocardial degeneration (Include pregnancy within 3 months of death)	?

Major findings:
Of operations
Of autopsy

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? no (Specify type of place)
While at work? (e) Means of injury

23. Signature Arthur D Knapp (M. D. or other) MD
Address 450 1/2 E. Cowl Date signed 11-16-40

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

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

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