

No. 2
-13-40
17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

38496

State File No. _____

DEC 17 1941

Registration District No. 411

Primary Registration District No. 5569

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: Joplin Stockyards
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 years
(Specify whether years, months or days)

In this community 10 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. Stockyards
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Clay Branson

3. (b) If veteran, name war No 3. (c) Social Security No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 1 1880
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	61	7	26	hr. min.

9. Birthplace Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Mule Barn Mgr.

11. Industry or business Stockyards

12. Name Jonathan Branson

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

14. Maiden name Harriett Evans

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

16. (a) Informant Mrs. Clara W. Howell

(b) Address 625 N. Moffat

17. (a) Burial (b) Date thereof 11/29/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Purcell Cemetery

18. (a) Signature of funeral director Purcell and Co.

(b) Address Joplin, Mo.

19. (a) 11-28-41 (b) Ed James
(Date received local resident) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 27 year 1941 hour 11:15 minute A M.

21. I hereby certify that I attended the deceased from _____
that I last saw him did not see him alive _____
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to _____
Due to _____

Other conditions 94a
(Include pregnancy within 3 months of death)

Major findings: 94a
Of operations _____
Of autopsy _____

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? Yes (Specify type of place) _____
(e) Means of injury Coronary

23. Signature Ed James (M. D. or other) _____
Address Carthage Mo Date signed 11.27.41

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

372

(Licensed Embalmer's Statement on Reverse Side)

41-12-10 138

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 Steve D. Parker

Licensed Embalmer No. 2547

P. O. Address Joplin Mo

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.