. No. 2
—8-43
5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 6 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14173

Registration District No. 297 Primary Registration District No. 4446 Registrar's No. 41

1. PLACE OF DEATH:

(a) County Ray

(b) City or town Hardin
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community several years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray 89

(c) City or town Hardin 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Solomon D. Branson

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lillie Mae Branson

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased Nov. (Month) 6 (Day) 1885 (Year)

8. AGE: Years	Months	Days	If less than one day
60	5	--	hr. ..... min.

9. Birthplace Rayville (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Common Labor

11. Industry or business

FATHER
12. Name Richard Branson
13. Birthplace Ray Co. (City, town, or county) Mo. 0 (State or foreign country)

MOTHER
14. Maiden name Lyda Campbell
15. Birthplace Ray Co. (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Leroy Branson
(b) Address Kansas City. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 7 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Hardin Mo.

18. (a) Signature of funeral director [illegible]
(b) Address Richmond. Mo.

19. (a) April 8-46 (Date received by local registrar) (b) Mabel Jackson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6 year 1946 hour 5 minute A. M.

21. I hereby certify that I attended the deceased from April 5-1946 5, 1946 to April 6, 1946 and that I last saw him alive on April 5, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Paralysis - Hemiplegia Right side — Duration 2 yrs

Due to Arterio-Sclerosis — 10 yrs

Due to

Other conditions (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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature Marvin Hamm (M. D. or other)

Address Hardin, Mo. Date signed 4/8/46

273

(Licensed Embalmer's Statement on Reverse Side)

MAR 1 1955

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, ###

....., Registered Apprentice No.....,

working under my personal supervision.

Signed E. Sherman

Licensed Embalmer No. 2073

P. O. Address Richmond. 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.