

FILED NOV 20 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36871

Registration District No. 179

Primary Registration District No. 1002

Registrar's No. 4706

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution K.C. Gen. Hospital No. 1
(If not in hospital or institution, write street number or location) 0
(d) Length of stay: In hospital or institution 3 days
In this community 2 years
(Specify whether years, months or days) S.

3. (a) PRINT FULL NAME Oliver Branson
(b) If veteran, name war no.
(c) Social Security No. unknown

4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs. Grace Branson
6. (c) Age of husband or wife if alive unknown years
7. Birth date of deceased July 1 1889
(Month) (Day) (Year)

8. AGE: Years 57 Months 4 Days 8
If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business X

12. Name Steve Branson

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

14. Maiden name Vianda Baker

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

16. (a) Informant Mrs. Grace Branson

(b) Address 8100 E. 15th St., Kansas City, Mo.

17. (a) burial (b) Date thereof 11-11-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Floral Hills

18. (a) Signature of funeral director Stine & McClure
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 11-9-46 (b) Heraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 8100 E. 15th St.
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 9th
year 1946 hour 3 minute 15 A M.

21. I hereby certify that I attended the deceased from 10-6-46, 1946, to 11-9-46, 1946;
that I last saw him alive on 11-9-46, 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death: Hypertensive heart disease

Due to: _____

Due to: _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: 93rd
Of operations: _____

Of autopsy: None

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? 0

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

23. Signature W. W. Hart (M.D. or other) md
Address Med. Dir. K.C. Gen. Hosp. K.C., Mo.
Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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.....

Registered Apprentice No.

Licensed Embalmer No. 1475

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, fact should be so stated above.