

FILED MAR 19 1951

STANDARD CERTIFICATE OF DEATH 5786 State File No. 9352

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 217 PRIMARY REG. DIST. NO. ~~4509~~ Registrar's No. 18

1. PLACE OF DEATH a. COUNTY <b>Mississippi</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Mississippi</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Wyatt (Rural)</b>	c. LENGTH OF STAY (In this place) <b>8 yrs.</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Wyatt (Rural) 1670</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>General Delivery</b>		d. STREET ADDRESS (If rural, give location) <b>Gen. Del. 0</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Charles</b>	b. (Middle) <b>H.</b>	c. (Last) <b>Branch</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>March 3, 1951</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Aug. 16, 1895</b>	9. AGE (In years last birthday) <b>55</b>	IF UNDER 1 YEAR Days <b>6</b>	IF UNDER 12 HRS. Hours <b>15</b>	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>	11. BIRTHPLACE (State or foreign country) <b>Crenshaw, Mississippi</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Elijah Branch</b>	13b. MOTHER'S MAIDEN NAME <b>Caroline Fair</b>	14. NAME OF HUSBAND OR WIFE <b>Lizzie Branch</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>Yes W. W. I.</b>	16. SOCIAL SECURITY NO. <b>----- NO.</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Lizzie Branch, Gen. Del. Wyatt, Mo</b>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>UNKNOWN NATURAL CAUSES</b>		
	ANTECEDENT CAUSES DUE TO (b) <b>HAD COMPLAINED OF PAINS IN STOMACH AND CHEST.</b> DUE TO (c) <b>POSSIBLY A CORONARY CONDITION - NO DOCTOR ATTENDED</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>4201</b>	

19a. DATE OF OPERATION <input checked="" type="checkbox"/>	19b. MAJOR FINDINGS OF OPERATION <input checked="" type="checkbox"/>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <input checked="" type="checkbox"/>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <input checked="" type="checkbox"/>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <input checked="" type="checkbox"/>

22. I hereby certify that I attended the deceased from **AS CORONER ONLY**, 19\_\_\_, that I last saw the deceased alive on \_\_\_\_, 19\_\_\_, and that death occurred at **9:30P** m., from the causes and on the date stated above.

23a. SIGNATURE <b>[Signature]</b> (Describe or title)	23b. ADDRESS <b>Charleston Mo</b>	23c. DATE SIGNED <b>3-5-51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>March 9, 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Oak Grove Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Charleston, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>3-10-51</b>	REGISTRAR'S SIGNATURE <b>[Signature]</b>	439	25. FUNERAL DIRECTOR'S SIGNATURE <b>[Signature]</b>	ADDRESS <b>Charleston, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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MAR 16 REC'D

RECEIVED

Miss. Co. Health Dept

County File No. \_\_\_\_\_

Date Filed MAR 16 1951

**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 \_\_\_\_\_

working under my personal supervision.

Student embalmer No. ....

Signed Frank J. Sparks

Signed.....  
Student Embalmer

Licensed Embalmer No. 3455

P. O. Address Life Insurance

**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.