

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

27949

State File No. ....

AUG 30 1952

3669

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>3669</u>	
1. PLACE OF DEATH a. COUNTY <u>Kansas City, T. B. Hospital</u> <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City, Mo.</u>		c. LENGTH OF STAY (in this place) <u>6 mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Kansas City, T-B. Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>1010 Wyandotte</u>			
3. NAME OF DECEASED (Type or Print) <u>Joe</u>			a. (First) <u>Branson</u>		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>8 17 '52</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>Feb. 16, 1920</u>		9. AGE (in years last birthday) <u>32</u>	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truck driver</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (State or foreign country) <u>Kansas City, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Chas. Branson</u>			13b. MOTHER'S MAIDEN NAME <u>Pearl Bradshaw</u>		14. NAME OF HUSBAND OR WIFE <u>-</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>496-05-4189</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Chas. Branson</u>		ADDRESS <u>R.R. #57, K.C., Mo.</u>	
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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary, Ibc.</u> INTERVAL BETWEEN ONSET AND DEATH  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Feb. 18, 1952</u> , to <u>Aug 17, 1952</u> ; that I last saw the deceased alive on <u>Aug 17, 1952</u> , and that death occurred at <u>11:35 a. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Edward P. Altomare</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>K.C.T.B. Hospital</u>		23c. DATE SIGNED <u>Aug 17, 1952</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-19-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Green Lawn</u>		24d. LOCATION (City, town, or county) <u>K.C., Mo.</u>	
DATE REC'D BY LOCAL REG. <u>8-18-52</u>		REGISTRAR'S SIGNATURE <u>Gertrude Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>George T. Low</u>		ADDRESS <u>K.C., Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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.....

.....  
working under my personal supervision.

Signed.....  
Student Embalmer

Student Embalmer No.....  
Signed *John R. Camp*  
Licensed Embalmer No. *2195-3-*  
P. O. Address *J. C. Gmd*

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.