

FILED FEB 17 1941 STANDARD CERTIFICATE OF DEATH

1608

State File No. _____

Registration District No. 4

Primary Registration District No. 4557

Registrar's No. 3

1. PLACE OF DEATH:

(a) County ANDRAIN
 (b) City or town FARMER
 (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 _____)
 In this community _____
 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrain
 (c) City or town Farber
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____
 (If rural, give location)
 (e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME JULIA A. BRANSTETTER

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

4. Sex FEMALE 5. Color or race white 6. (a) Single, widowed, married, divorced WIDOWED
 6. (b) Name of husband or wife D. E. BRANSTETTER 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased APRIL 16 1861
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 8 22 _____ hr. _____ min.

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

10. Usual occupation HOUSEKEEPER

11. Industry or business _____

MOTHER FATHER { 12. Name Wm. PENN
 13. Birthplace DONT KNOW 9
 (City, town, or county) (State or foreign country)
 14. Maiden name DONT KNOW
 15. Birthplace DONT KNOW 9
 (City, town, or county) (State or foreign country)

16. (a) Informant Edd Branstetter
 (b) Address Farber Mo

17. (a) Burial (b) Date thereof Jan 11 1941
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burial Farber Mo

18. (a) Signature of funeral director W. S. Walters
 (b) Address Vandalia Mo

19. (a) 1-11-41 (b) R. du Allord M.D.
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 9
 year 1941 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan 7
 _____, 1941, to Jan 9, 1941;
 that I last saw him alive on Jan 9, 1941;
 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia Duration 24-hrs

Due to Influenza

Due to _____

Other conditions high
 (Include pregnancy within 3 months of death)

Major findings: 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? _____
 (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? NO

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

23. Signature W. K. McCall (M. D. or other) O
 Address Ladonia Mo Date signed 1-10-41

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 10

District File Number 2-41-346

Date Filed FEB 15 1941

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 Wm B Waters

Licensed Embalmer No. 4169

P. O. Address Dandalia 77

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.