

FILED OCT 7 1943

State File No. \_\_\_\_\_

Registration District No. 6

Primary Registration District No. 3001

Registrar's No. 29

1. PLACE OF DEATH:

(a) County ANDRAIN  
(b) City or town VANDALIA, MISSOURI  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
E WASHINGTON  
(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 7.5

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ANDRAIN  
(c) City or town VANDALIA, MISSOURI  
(If outside city or town limits, write "RURAL")  
(d) Street No. E WASHINGTON  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME EMMAHINE JANE BRANSTETER

3. (b) If veteran, name war ✓ 3. (c) Social Security No. N.O.T.E.

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife ELSTER BRANSTETER 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased MAY 2 1876  
(Month) (Day) (Year)

8. AGE: Years 67 Months 4 Days 8 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace LINCOLN COUNTY MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business ✓

12. Name ZACK COPELANDER

13. Birthplace LINCOLN COUNTY MISSOURI  
(City, town, or county) (State or foreign country)

14. Maiden name ZERILDA LOVELACE

15. Birthplace LINCOLN COUNTY MISSOURI  
(City, town, or county) (State or foreign country)

16. (a) Informant MRS JOE WARE

(b) Address VANDALIA MISSOURI

17. (a) BURIAL (b) Date thereof SEPT. 12 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation VANDALIA CEMETARY

18. (a) Signature of funeral director Wm B Smith

(b) Address Vandalia, Missouri

19. (a) Sept 12 1943 (b) Mullie Fugua  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 10  
year 1943 hour 2 minute 50 A.M.

21. I hereby certify that I attended the deceased from 1/30, 1943 to 9/10, 1943  
that I last saw her alive on 9/3, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia Duration 1 day

Due to metastatic carcinoma of lungs, liver & large bowels 2 yrs.  
Due to Cancer of R. Breast 10 yrs.

Other conditions: (include pregnancy within 3 months of death)

Major findings: Of operations 50 PHYSICIAN \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury 0

23. Signature Thos. L. Guyer, M.D. (M. D. or other) \_\_\_\_\_  
Address Vandalia, Mo. Date signed 9/10/43

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 0-43-1635

Date Filed OCT 6 1943

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 Cluster A. Roof

Licensed Embalmer No. 3044

P. O. Address Roasting Green, W.

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.