S. No. 2
0M—2-43
v. 5-17-39
I X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 14256

FILED APR 17 1945

Registration District No. 218

Primary Registration District No. 3054

Registrar's No.

1. PLACE OF DEATH:

(a) County Pike

(b) City or town Louisiana
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Pike County Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 weeks (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pike 82

(c) City or town Louisiana 2
(If outside city or town limits, write "RURAL")

(d) Street No. 17th & Ky 1
(If rural, give location)

(e) Citizen of foreign country? No 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Betty Lou Branstetter

3. (b) If veteran, name war No

3. (c) Social Security No. 488-24-8431

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased July 14 (Month) 1925 (Day) (Year)

8. AGE: Years 19 Months 7 Days 28 If less than one day hr. min.

9. Birthplace Clarksville (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation Factory Worker

11. Industry or business Glove & Garment factories

FATHER
12. Name Clarence Branstetter
13. Birthplace Nea New Harmony Mo 0 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Bessie Elizabeth Horsham
15. Birthplace Clarksville Mo 0 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Clarence Branstetter
(b) Address Louisiana Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/15/45 (Month) (Day) (Year)
(c) Place: burial or cremation Riverview Cemetery

18. (a) Signature of funeral director F C Haley Jr
(b) Address Louisiana Mo

19. (a) 3/13/45 (Date received local registrar) (b) F C Haley Jr (Registrar's signature) Dept

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12 year 1945 hour 10 minute 15p M.

21. I hereby certify that I attended the deceased from Feb 20, 1943 to 3-12, 1945 that I last saw her alive on 3-12, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Myocarditis —	
Due to	
Due to Congenital Mitral Stenosis	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations none	
Of autopsy 92 b	

PHYSICIAN

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) none

(b) Date of occurrence none

(c) Where did injury occur? none (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? none (Specify type of place)

While at work? none (e) Means of injury none

23. Signature [illegible] (M. D. or other)

Address Louisiana Mo Date signed 3/13/45

1169

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 4-45-598
Date Filed APR 13 1945

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 George O. Wagner, Registered Apprentice No.....,
working under my personal supervision.

Signed George O. Wagner

Licensed Embalmer No. 3773

P. O. Address Louisiana, Mo

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.