

3-300
10-47
7-39
3906

FILED JUL 8 1948
Registration District No. **1387**

Primary Registration District No. **3023**

Registrar's No. **138**

1. PLACE OF DEATH:

(a) County Herrys
(b) City or town Clinton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Clinton General Hospital
(If not in hospital or institution, write street number & location)
(d) Length of stay: In hospital or institution 1 1/2 hrs.
(Specify whether
In this community 30 years
years, months or days)

3. (a) PRINT FULL NAME MARSHALL JOE BRANSTETTER
3. (b) If veteran,
name war No
3. (c) Social Security No. 490-05-8385

4. Sex Male **5. Color or race** white **6. (a) Single, widowed, married, divorced** married
(b) Name of husband or wife Leona Gregory Branstetter **(c) Age of husband or wife if alive** 47 years
7. Birth date of deceased Feb. 13 1894
(Month) (Day) (Year)

8. AGE: Years 54 Months 4 Days 14 If less than one day
hr. min.

9. Birthplace Benton Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Water Co. Employee

11. Industry or business

12. Name Marshall J. Branstetter
13. Birthplace Benton Co. Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Susan Bayless
15. Birthplace Benton Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Marshall Joe Branstetter
(b) Address Clinton Mo. R# 6

17. (a) Burial **(b) Date thereof** 6-29-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood Cemetery

(a) Signature of funeral director N. L. Gausant

(b) Address Clinton Mo.

19. (a) 6-29-48 **(b) R. R. Kenney**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Herrys **42**
(c) City or town Clinton Dunsmuir Sup
(If outside city or town limits, write "RURAL")
(d) Street No. R# 6 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27
year 1948 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from 5/22/1948 to 6-27-1948
that I last saw him alive on 6-27-1948
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion **Duration** 20 years
Acute Indigestion

Due to

Other conditions 94
(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?

While at work **(e) Means of injury** 0

23. Signature E. C. Pielor **(M. D. or other)**

Address Clinton Mo. **Date signed** 6/25/48

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

MOTHER, FATHER

FEB 2 1948

RECEIVED

District Health Officer No

District File Number 6-48-72

Date Filed 7-5-48

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 N. J. Causant

Licensed Embalmer No. 3779

P. O. Address Clinton

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.