FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 8 1948

Registration District No. 324

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3072

State File No. 21821

Registrar's No. 134

1. PLACE OF DEATH:

(a) County Saline

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

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

(d) Length of stay: In hospital or institution 9 Days (Specify whether years, months or days)

In this community All her life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline 97

(c) City or town Shackelford, Route # I. 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Clara Brandon Oster

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Lewis Oster

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

7. Birth date of deceased June (Month) 5th (Day) 1863 (Year)

8. AGE:

Years	Months	Days	If less than one day
85	0	14	hr. min.

9. Birthplace Halifax Co. Vir. (City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business

FATHER
12. Name Munford T. Brandon
13. Birthplace Unknown (City, town, or county) Virginia (State or foreign country)

MOTHER
14. Maiden name Ada Ranson
15. Birthplace Unknown (City, town, or county) Virginia (State or foreign country)

16. (a) Informant B. Brandon
(b) Address Shackelford, Mo. Route # I.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 20, 1948. (Month) (Day) (Year)

(c) Place: burial or cremation Ridge Park cemetery

18. (a) Signature of funeral director Campbell & Lewis
(b) Address Marshall, Mo.

19. (a) June 20-1948 (Date received local registrar) (b) Sidney T. Gray (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19th year 1948 hour 4 minute 15 A.M.

21. I hereby certify that I attended the deceased from June 8 1948 to June 19 1948 that I last saw her alive on June 18 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Malaria

Due to

Due to Ch Interstitial Nephritis

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration: 12 Day 2 40

PHYSICIAN

Underline the cause of 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? (Specify type of place)

While at work? (e) Means of injury

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

Address Marshall, Mo. Date signed 6/19/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 2-7-48

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 R. W. Campbell Jr.

Licensed Embalmer No. 3469

P. O. Address Marshall, 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.