

Every item of information should be carefully supplied. Age should be stated. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

NOV 13 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

35832
Do not use this space.

1. PLACE OF DEATH
 (a) County Howard, Registration District No. 376
 (b) Township _____ Primary Registration District No. 4222 Registered No. 557
 (c) City Fayette, (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.
 2. PRINT FULL NAME 652 Infant
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) #

5A. IF MARRIED, WIDOWED, OR DIVORCED # #
 HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10/22nd 1938

7. AGE YEARS MONTHS DAYS 6 Hours If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. #
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

FATHER
 12. BIRTHPLACE (CITY OR TOWN) Missouri, (STATE OR COUNTRY) 0
 13. NAME C.K. Branstetter, 0
 14. BIRTHPLACE (CITY OR TOWN) Missouri, (STATE OR COUNTRY) 0

MOTHER
 15. MAIDEN NAME Ethel Smith,
 16. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) C.K. Branstetter Fayette, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE City Cemetery, DATE 10/22nd 1938

19. FUNERAL DIRECTOR (NAME) Guy T. Halley, (ADDRESS) Fayette, Mo.

20. FILED Nov. 5 1938 V. O. Bonham Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/22nd 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.
 I last saw him alive on Oct. 22, 1938 Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:
Respiratory Failure Date of onset _____
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 Other contributory causes of importance: Premature

Name of operation none Date of _____
 What test confirmed diagnosis? exam Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) J. E. Richards, M. D.
 (Address) Fayette Mo.

FILED
11/7/09
File Number
of Health Officer No. 8
IVED

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.