

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

35981

Do not use this space.

DEC'D NOV 10 1938

1. PLACE OF DEATH
 (a) County Wester Registration District No. 411
 (b) Township Waverly Primary Registration District No. 2002
 (c) City Joplin, Mo. (d) Street No. St. John's Hospital - Joplin St. Registered No. _____
 (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 Robert Lawrence Branstetter
 (a) Residence, No. Miami, Oklahoma St. Miami, Okla.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX ♂ 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-15-1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 6 mos. 3

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. Agent
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miami, Okla.

FATHER
 13. NAME Ray Branstetter
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
 15. MAIDEN NAME Uivian Golden
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cook, Okla.

17. INFORMANT (ADDRESS) Mrs. Bessie Golden

18. BURIAL, CREMATION, OR REMOVAL PLACE Miami, Okla. DATE 10-22-38

19. FUNERAL DIRECTOR (ADDRESS) Cooper's - Miami, Okla.

20. FILED 10-20-38 James Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 18, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 17, 1938, to Oct 18, 1938.
 I last saw him alive on 10-17-38, 19____. Death is said to have occurred on the date stated above, at 1:50 PM.
 The principal cause of death and related causes of importance were as follows:
Intestinal Intercourse
 Other contributory causes of importance: Lobar Pneumonia
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ 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?
 If so, specify _____
 (Signed) W. H. Jones M. D.
372 (Address) Joplin, Mo.

Date of onset
8/1/38?
8/10/38

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 6,

District File Number 6-38-540

Date Filed NOV 7 1938

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed.....

Licensed Embalmer No.

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.)