S. No. 2
-11-10-39
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 25 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Gregg

State File No. 11316

Registration District No. 411 Primary Registration District No. 2002 Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Johns Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Joplin (If outside city or town limits, write "RURAL")
(d) Street No. 221 N. Gray (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME James Branstetter 65 a
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband ~~or wife~~ Mary A. Branstetter
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased Jan (Month) 26 (Day) 1883 (Year)

8. AGE: Years	Months	Days	If less than one day
57	1	8	hr. min.

9. Birthplace Richmond (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Grocery Business
11. Industry or business
FATHER
12. Name Richard Branstetter
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace " (City, town, or county) (State or foreign country)
16. (a) Informant Mary A. Branstetter
(b) Address Joplin, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 7 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Fairview Cem
18. (a) Signature of funeral director Webb City Und Co
(b) Address Webb City, Mo
19. (a) 3-7-40 (Date received local registrar) (b) Ed D James (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 5
year 1940 hour 5 minute 50 a M.
21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw him alive on March 4, 1940
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Dilatation of heart	
Due to Myocarditis	
Due to Appendectomy Feb 8-1940	
Other conditions (Include pregnancy within 3 months of death) 121	

Major findings: Of operations Ruptured Gangrenous Appendix
Of autopsy

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)
(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? 3 70 (Specify type of place)
While at work? (e) Means of injury
23. Signature A Mitchell Gregg (M. D. or other)
Address Joplin, Mo Date signed 3-7-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 1940-1026
Date Filed APR 10 1940

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 Silas D. Parker

Licensed Embalmer No. 2548

P. O. Address Ingraham, Me.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.