

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **22921**

Registration District No. **842**

Primary Registration District No. **4512**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Stone**
(b) City or town **Crane**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(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)

3. (a) PRINT FULL NAME **Lena Mae Branstetter**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Female** / 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Aug. 22 1932**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
8 9 23 hr. min.

9. Birthplace **Stone County Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Student**

11. Industry or business _____

MOTHER FATHER { 12. Name **Clarence Branstetter**
13. Birthplace **Stone County Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name **Mary Ellen Pendergrast**
15. Birthplace **Stone County Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Clarence Branstetter**
(b) Address **Crane Mo.**

17. (a) **Burial** (b) Date thereof **6/15/41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Crane Mo.**

18. (a) Signature of funeral director **E. F. King**

(b) Address **Aurora Mo.**

19. (a) **6-20-1941** (b) **Mrs. Ethel Duggitt**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Stone** **104**
(c) City or town **Crane**
(If outside city or town limits, write "RURAL") **0**
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **14**
year **1941** hour **7** minute **45 a.m.**

21. I hereby certify that I attended the deceased from **May 9** 19**41** to **June 14** 19**41**.
that I last saw her alive on **June 14** 19**41**.
and that death occurred on the date and hour stated above.

Immediate cause of death **Rephritis - Amyloid - N.M.D.** Duration **4 Mo.**
Due to **2** **1318**
Due to _____

Other conditions **Generalized Anasarca**
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

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? **766**
(Specify type of place) While at work? _____ (e) Means of injury _____

23. Signature **A. P. Capron** (M. Dr. **0**)
Address **Crane, Mo.** Date signed **6-14-41**

RECEIVED

District Health Officer No. 6;

District File Number 741-1099

Date Filed JUL 12 1941

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 Herman L. Luridge

Licensed Embalmer No. 3072

P. O. Address Aurora Mo.

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

If this body is not embalmed, fact should be so stated above.