

No. 2
-4-41
17-39
X26390

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 43192
Registrar's No. 49

Registration District No. 100

Primary Registration District No. 6128

1. PLACE OF DEATH:

(a) County Taney
(b) City or town Branson
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Rural / Branson Township
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community forty years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 1 st
year 1941 hour 1 P.M. minute _____ M.
21. I hereby certify that I attended the deceased from May
1941 to Dec 1 1941
that I last saw him alive on Nov 21 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Bright's Disease
Duration 10 years

Due to _____
Due to 1316
Other conditions Mitral Stenosis
(Include pregnancy within 3 months of death)
arterial Hypertension

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury fall
23. Signature A. P. E. Sutter (M. D. or other) D.O.
Address Branson Mo Date signed Dec 41

3. (a) PRINT FULL NAME Philip B. Carsten
3. (b) If veteran, name war _____ 3. (c) Social Security No. 706

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Sda Bell Carsten 6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased February 8 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 9 23 hr. _____ min.

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

10. Usual occupation Farming

11. Industry or business _____

12. Name Don't Know 9

13. Birthplace Don't Know (State or foreign country)

14. Maiden name Don't Know

15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Grace O'Brien
(b) Address 13 Branson Missouri

17. (a) burial (b) Date thereof 12-3-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Branson MO
(d) Signature of funeral director None
(e) Address _____

19. (a) 12-2-41 (b) John H. Baater
(Date received local registrar) (Registrar's signature)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

774

RECEIVED

District Health Officer No. 6,

District File Number 142-2

Date Filed JAN 2 1942

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, fact should be so stated above.