

FILED NOV 12 1942

Registration District No. 467 175

Primary Registration District No. 4280 3036

Registrar's No. 133

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

1. PLACE OF DEATH:

(a) County Lawrence

(b) City or town Aurora
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Aurora 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 Hospital 30 Minutes years, months or days)

3. (a) PRINT FULL NAME Sarah Jane 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 Married

6. (b) Name of husband or wife J. H. Branstetter

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased April 14 1890
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

52 5 24 hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Jerry Morris

13. Birthplace ? Tenn.
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Forrester

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

16. (a) Informant Mr. J. H. Branstetter

(b) Address R. 1 Cape Fair Mo.

17. (a) Burial (b) Date thereof 10/10/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mars Hill Cemetery

18. (a) Signature of funeral director J. F. King

(b) Address Aurora Mo.

19. (a) 10-9-42 (b) Cunice Greene
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. R.D. # 1 Capefair Mo.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct., day 8, year 1942 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from October 8 1942 to _____ 19____;
that I last saw h. er alive on _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Asenoma
ulcus

Due to metastasis

Other conditions (Include pregnancy within 3 months of death) 48h

Major findings: Of operations _____

Of autopsy _____

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 ✓

23. Signature R. D. Towan (M. D. or other) _____
Address Aurora Date signed 10/10/42

Duration

7 of 8 hours

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 6,

District File Number 1142-1583

Date Filed NOV. 9 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 Herman M. Surridge

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 with the above constitutes grounds for revocation of license.)

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