

FILED JAN 12 1945

Registration District No. **1109**

Primary Registration District No. **3054**

Registrar's No. _____

1. PLACE OF DEATH: **Pike**

(a) County **Pike**

(b) City or town **Louisiana**

(c) Name of hospital or institution: **Pike County Hospital**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **7 days**
(Specify whether)

In this community **10 yrs.**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Pike**

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

(d) Street No. _____ (If rural, give location)

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

3. (a) PRINT FULL NAME **Ernest J. Branstetter**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **116**

4. Sex **Male**

5. Color or Race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Jane Branstetter**

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

7. Birth date of deceased **July 24 - 1882**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	61	4	28	_____ hr. _____ min.

9. Birthplace **Near Curryville Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Farmer**

11. Industry or business _____

MOTHER FATHER {

12. Name **O. A. Branstetter**

13. Birthplace **D. K.** **9**
(City, town, or county) (State or foreign country)

14. Maiden name **Cassie Norman**

15. Birthplace **D. K.** **9**
(City, town, or county) (State or foreign country)

16. (a) Informant **Jane Branstetter**

(b) Address **Louisiana Mo Rural**

17. (a) **Burial** (b) Date thereof **12-23-1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Concord Cemetery**

18. (a) Signature of funeral director **W. B. Elmore**

(b) Address **Bowling Green**

19. (a) **12-22-43** (b) **F. N. ...**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **21**
year **1943** hour **1:40** minute **0** M.

21. I hereby certify that I attended the deceased from **5-9-1940** to **12-20-1943**
that I last saw him alive on **12-20-1943**
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Hypertension** Duration _____

Due to _____

Due to _____

Other conditions **93d**
(Include pregnancy within 3 months of death)

Major findings: **none**

Of operations _____

Of autopsy **none**

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 **1943**

(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)

23. Signature **L. ...** (M. D. or other) _____

Address **Louisiana Mo** Date signed **12/22/43**

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

RECEIVED

District Health Officer No. 10

~~1-22-119~~

~~1-22-119~~
JAN 1 2 1947

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.....

W. B. E. Moore

Licensed Embalmer No. 2466

P. O. Address Brooklyn, Tenn

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.