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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 14 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 155 Primary Registration District No. 5579 Registrar's No. 13

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

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Mineral
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jasper Co + BHA hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 30 days
(Specify whether
In this community
years, months or days)

3. (a) PRINT FULL NAME Norval Andrew Branstetter
3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Div 3
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years
7. Birth date of deceased Oct 27 1888
(Month) (Day) (Year)

8. AGE: Years 58 Months 3 Days If less than one day hr. min.

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

10. Usual occupation Painter

11. Industry or business

MOTHER FATHER
12. Name Norval Branstetter
13. Birthplace Mo
(City, town, or county) (State or foreign country)
14. Maiden name Laura Hayes
15. Birthplace Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Record
(b) Address

17. (a) Final (b) Date thereof Jan 27 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Herculal Mo

18. (a) Signature of funeral director Walt City

(b) Address Walt City Mo

19. (a) JAN 27; 47 (b) J. H. Fisher
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Monroe 64
(c) City or town Herculal 3
(If outside city or town limits, write "RURAL")
(d) Street No. 2833 Market 4
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No) 1
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 27
year 1947 hour 3 minute 55 A.M.

21. I hereby certify that I attended the deceased from Jan 24 1947 to Jan 27 1947.
that I last saw him alive on Jan 26 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis
Duration

Due to

Due to

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations MB
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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?

23. Signature Anna E. Douglas (M. D. MD)
Address Walt City Mo Date signed 1/27/47

+7-1-92

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.....

Harvey E. Orue

working under my personal supervision.

Registered Apprentice No. *412*

Signed.....

A. B. Wiford
Raymond M. Johnston

Licensed Embalmer No. ~~4900~~ *347*

P. O. Address. *Webb City 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.