FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAR 1 1948

Registration District No. 128

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2000

4490

State File No.

Registrar's No. 104

1. PLACE OF DEATH:
(a) County GREENE
(b) City or town SPRINGFIELD, (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution O'REILLY VETERANS ADMINISTRATION HOSPITAL (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Months 21 Days (Specify whether years, months or days)
In this community Since Hospitalized

2. USUAL RESIDENCE OF DECEASED:
(a) State Okla. (b) County Okla. 999
(c) City or town Okla. Okla. City 39 (If outside city or town limits, write "RURAL") 0
(d) Street No. 519 Rhode Island (If rural, give location) 2
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME BRANTLEY, Earl R. L.
3. (b) If veteran, name war WW II
3. (c) Social Security No. ?
4. Sex Male 2
5. Color or race Colored
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Bernice M. Brantley
6. (c) Age of husband or wife if alive 18 years
7. Birth date of deceased May (Month) 13 (Day) 1925 (Year)

8. AGE: Years 22 Months 8 Days 20 If less than one day hr. min.

9. Birthplace Crescent, Okla. (City, town, or county) (State or foreign country)
10. Usual occupation Porter
11. Industry or business

MOTHER FATHER
12. Name Arthur Brantley
13. Birthplace Okla. (City, town, or county) (State or foreign country)
14. Maiden name Rosetta Lewis
15. Birthplace Okla. (City, town, or county) (State or foreign country)

16. (a) Informant VA Records
(b) Address VA Hospital, Springfield, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2-3-48 (Month) (Day) (Year)
(c) Place: burial or cremation Crescent Oklahoma
18. (a) Signature of funeral director Thomas Schaff Funeral Home
(b) Address Springfield, Mo.
19. (a) 2-3-48 (Date received local registrar) (b) W. E. Hendley M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 12 year 1948 hour 2 minute 30 PM M.
21. I hereby certify that I attended the deceased from Nov. 11, 1947, to Feb. 2, 1948, 19..; that I last saw him alive on 2-2-48, 19..; and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis far advanced, active.
Due to Tuberculosis of 3rd, 4th & 5th thoracic vertibrae
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

Duration

PHYSICIAN — Underline the cause of 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? (Specify kind of place) 0
While at work (e) Means of injury

23. Signature PAUL L. EISELE (M. D. or other) XXXX
Address VAH Springfield, Mo. Date signed 2-3-48

Paul L. Eisele

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

APR 5 1948

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 Lewis G. Scharpf

Licensed Embalmer No. 3802

P. O. Address Springfield N

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.