No. 2
—1/47
—17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Reynolds

State File No. 27143

FILED SEP 2 1948

Registration District No. 4343

Primary Registration District No. 4364

Registrar's No. 24

1. PLACE OF DEATH:
(a) County NEWTON
(b) City or town STELLA
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: CARDWELL HOSPITAL O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Newton 73
(c) City or town Neosho 3
(If outside city or town limits, write "RURAL")
(d) Street No. 300 N. Wood St. 2
(If rural, give location) 0
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Ruby Isabelle Branstetter
3. (b) If veteran, name war NONE
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 Doctor MARLIN BRANSTETTER
6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased FEBRUARY (Month) 19 (Day) 1912 (Year)

8. AGE:

Years	Months	Days	If less than one day
36	6	6	..... hr. ..... min.

9. Birthplace ..... (City, town, or county) TEXAS (State or foreign country)
10. Usual occupation HOUSEWIFE
11. Industry or business OWN HOME
FATHER
12. Name John HEDRICK
13. Birthplace ..... (City, town, or county) UNKNOWN (State or foreign country)
MOTHER
14. Maiden name Elfie MASTERS
15. Birthplace ..... (City, town, or county) UNKNOWN (State or foreign country)
16. (a) Informant Joe Branstetter
(b) Address 300 N Wood St. Neosho.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 8-27-1948 (Month) (Day) (Year)
(c) Place: burial or cremation MRIONVILLE Mo.
18. (a) Signature of funeral director Corley Thompson
(b) Address Neosho Mo.
19. (a) 8-27-48 (Date received local registrar) (b) Alpha Dyer (Registrar's signature) 369

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG day 25
year 1948 hour 2:40 minute a M.
21. I hereby certify that I attended the deceased from 8-21-48 ....., 19..... to 8-25 ....., 1948
that I last saw her alive on 8-24 ....., 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia
Due to Ether Anesthesia for Major Operation
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 type of place)
While at work? ..... (e) Means of injury .....
23. Signature J. K. Reynolds M.D. or other M.D.
Address Neosho Mo. Date signed 8-25-48

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Newton Co. Health Dept.
District Health Officer No.
District File Number 848-362
Date Filed Aug 31, 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 Corley Thompson

Licensed Embalmer No. 3259

P. O. Address Neosho 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.