

State File No. _____

FILED JUL 17 1945
Registration District No. _____

Primary Registration District No. 3023

Registrar's No. 114

1. PLACE OF DEATH:
(a) County Henry
(b) City or town Clinton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Rainis Nursing Home #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 30 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Henry 42
(c) City or town Clinton 1
(If outside city or town limits, write "RURAL") 2
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? ✓ (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME SUSAN FRANCIS BRANSTETTER

MEDICAL CERTIFICATION

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

20. DATE OF DEATH: Month 6 day 10
year 1945 hour 6 minute 30 A.M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Marshall 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 12 22 1866
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 4-20 1945 to 6-10 1945
that I last saw her alive on 6-7 1945
and that death occurred on the date and hour stated above.

8. AGE: Years 78 Months 5 Days 18
If less than one day hr. _____ min. _____

Immediate cause of death Impacted fracture neck of left femur
Due to Accidental fall in her room
Due to _____

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

Other conditions (Include pregnancy within 3 months of death) _____
ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

10. Usual occupation Housewife

11. Industry or business _____

12. Name Ashley Boyles

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

14. Maiden name _____

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

16. (a) Informant Marshall Branstetter

(b) Address Clinton Mo

17. (a) Burial (b) Date thereof 6-11-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dunning Cemetery

18. (c) Signature of funeral director Fred Wilkinson

(b) Address Clinton Mo

19. (a) June 13 (b) Myrtle Knowles
(Date received local registrar) (Registrar's signature)

Major findings: Of operations _____
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? _____ (City or town) _____ (County) _____ (State) _____

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

While at work? No (Specify type of place) _____ (e) Means of injury ✓

23. Signature E. C. Bellon (M. D. or other) _____

Address Clinton Mo Date signed 6/12/45

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

MOTHER FATHER

RECEIVED

District Health Officer

District File Number 6-45-686

Date Filed 7-12-45

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

Fred W. Weisner

Licensed Embalmer No. 2478

P. O. Address: Clinton, 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.

This accident happened Apr. 26, 1945. She was entering her bedroom from the dining room of her niece with whom she was living at the ~~the~~ time. As she opened the door she ~~to~~ took hold of the knob to steady her self and the door swung away. This caused her to loose her balance and she fell on her left hip resulting in an impacted of the neck of the femur on that side. This sad accident happened on a farm near highway 13 in the northern edge of Henry Co not far from Post Oak, Johnson Co. Mo. If above deatils not sufficient will gladly furnish more

Registration District No. 137

Primary Registration District No. 3023

1. PLACE OF DEATH:

(a) County Henry Clinton

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

(c) Name of hospital or institution:
(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 _____ (b) County _____

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

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

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

3. (a) PRINT FULL NAME Susan F Branslette

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race w 6. (a) Single, widowed, married, divorced wid

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____

7. Birth date of deceased Dec 22 1906
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ Day _____
year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him/her alive on _____, 19____,
and that death occurred on the date and hour stated above.
Immediate cause of death _____

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

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

Due to _____

Due to _____

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____ (State or foreign country)

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

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

Major findings: Of operations _____

Of autopsy 1860-18

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant _____ (b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) _____ (b) Myrtle Browder
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Car

(b) Date of occurrence 11-26-45

(c) Where did injury occur? See attached slip
(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)
(c) Means of injury _____

Signature E. C. Peltor (City or town) _____
Date signed 6/27/45

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

SUPPLEMENTARY

MOTHER FATHER