

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No. 109

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 9 1942

Registration District No. 33

Primary Registration District No. 2011

1. PLACE OF DEATH:

(a) County CARROLL
(b) City or town CARROLLTON 777 O. J. W.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
STATION HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 2 days
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County CARROLL 17
(c) City or town BOSWORTH 7770 0
(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 MARION ALLEN BRANSTUDER

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

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced SO
6. (b) Name of husband or wife. _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased. Jan 9 1925
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
17 7 10 hr. min.

9. Birthplace BLUE SPRINGS 7770 0
(City, town, or county) (State or foreign country)

10. Usual occupation LABOR

11. Industry or business _____

12. Name LEO BRANSTUDER

13. Birthplace IA 44 1
(City, town, or county) (State or foreign country)

14. Maiden name MADIE GROVES

15. Birthplace LOWA 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Chas. Hauer

(b) Address Bosworth Mo

17. (a) McEnulough (b) Date thereof 8 21 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director David J. Edmunds

(b) Address Bosworth Mo

19. (a) 8-25-42 (b) Mr. James Rafferty
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 19
year 1942 hour 4:50 minute 0 M.

21. I hereby certify that I attended the deceased from Aug 19 1942
to Aug 19 1942
that I last saw him alive on Aug 19 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Concussion of the brain & broken neck
Due to _____

Due to Fall off of back of truck
Other conditions (Include pregnancy within 3 months of death) none

Major findings: Of operations none Of autopsy none

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident P 017
(b) Date of occurrence Aug 19 42
(c) Where did injury occur? Bosworth, Carroll, MO
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Farm

While at work _____ (Specify type of place) (e) Means of injury Fall

23. Signature W. Hamilton Stetson (M.D. or other) 9/21
Address Carrollton, MO Date signed Aug 20 42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

1053

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 9-7-42.....

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.....

Licensed Embalmer No.....

P. O. Address.....

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.