

MCO JUL 17 1940

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

21491  
Do not use this space.

1. PLACE OF DEATH  
(a) County Chariton Registration District No. 171  
(b) Township Russell Primary Registration District No. 5227  
(c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_ St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Maggie Brammer  
(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female  
4. COLOR OR RACE White  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) \_\_\_\_\_  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min. about 71  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none  
9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_  
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill  
13. NAME unknown  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown  
15. MAIDEN NAME unknown  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown  
17. INFORMANT (ADDRESS) John Rogers  
Keokuk Mo  
18. BURIAL, CREMATION, OR REMOVAL PLACE County Infirmary DATE 6-20-40  
19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. B. McKinney  
Salisbury Mo  
20. FILED 6-20-40 Mr. Roy Lambert Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 20, 1940  
22. I HEREBY CERTIFY That I attended deceased from March, 1939, to June 20, 1940  
I last saw her alive on May 31, 1940. Death is said to have occurred on the date stated above, at 5:30 A.M.  
The principal cause of death and related causes of importance were as follows:  
Chronic arteriosclerosis  
myocarditis  
Senility  
92 C  
Other contributory causes of importance:  
dial septum (teeth)  
Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? None Was there an autopsy? No  
23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_  
Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_  
24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_  
(Signed) J. L. Johnson, M. D.  
(Address) Salisbury Mo.

Date of onset
?
?
?

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Date Filed 7-15-40  
District File Number  
District Health Officer No. B  
**RECEIVED**

**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, above space should be left blank.**