

4-2
4-41
17-39
X26390

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED NOV 6 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35498

Registration District No. 547

Primary Registration District No. 3029

Registrar's No. 275

1. PLACE OF DEATH:

(a) County Madison

(b) City or town Hannibal Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Elizabeth Hospital
(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 Ill (b) County Putne 998

(c) City or town New Canton #
(If outside city or town limits, write "RURAL") 0

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

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

3. (a) PRINT FULL NAME Edward Brammiller

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 28
year 1941 hour 2 minute 9 M.

21. I hereby certify that I attended the deceased from _____
_____, 19____, to _____, 19____;

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced 7

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

7. Birth date of deceased approx 1878
(Month) (Day) (Year)

that I last saw h. _____ alive on _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death Chromyocarditis Duration _____

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

Due to _____

Due to _____

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

Other conditions (include pregnancy within 3 months of death) 938

Major findings: Of operations none

Of autopsy none

10. Usual occupation _____

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? _____

11. Industry or business Farmer

MOTHER FATHER { 12. Name Walter

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

14. Maiden name W. Va.

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

Physician _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Jas. Deady

(b) Address Hannibal Ill

23. Signature _____ (M. D. or other) _____

Address Hannibal Mo Date signed _____

17. (a) Burial (b) Date thereof Sept. 29-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Canton Ill

18. (a) Signature of funeral director Jas. O. G. G.

(b) Address Hannibal Mo

19. (a) Oct 3, 1941 (b) _____
(Date received local registrar) (Signature of registrar)

488 (Licensed Embalmer's Statement on Reverse Side)

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

V. S. No.
50M-1
Rev. 5-

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: Harold O'Connell

Licensed Embalmer No. 3889

P. O. Address Stamford, 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.