

FILED JAN 14 1947

Primary Registration District No. **3043**

Registrar's No. **310**

1. PLACE OF DEATH:
 (a) County Marion
 (b) City or town Hannibal
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Leveering 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 40 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Marion
 (c) City or town Hannibal
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1315 Ely St.
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Samuel Payton Brammer
 3. (b) If veteran, name war _____ 3. (c) Social Security No. 498-19-0217

4. Sex Male 5. Color or Race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Laura Brammer 6. (c) Age of husband or wife if alive 57 years
 7. Birth date of deceased December 28 1878
 (Month) (Day) (Year)

8. AGE: Years 68 Months 11 Days 9 If less than one day
 hr. min.

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

10. Usual occupation Retired, formerly worked at

11. Industry or business Burlington Shays

12. Name Payton Brammer

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

14. Maiden name Mary Elizabeth Wilson

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

16. (a) Informant Ms. Laura Brammer

(b) Address 1315 Ely, Hannibal, Mo.

17. (a) Burial (b) Date thereof Dec. 9, 1942
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olivet Cemetery

18. (a) Signature of funeral director Ray P. Schwarz

(b) Address 107 Alamy, Hannibal, Mo.

19. (a) 12/14/42 (b) [Signature]
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month December day 7
 year 1942 hour 11 minute 20 A.M.

21. I hereby certify that I attended the deceased from Oct. 23, 1942 to Dec. 7, 1942
 that I last saw him alive on Dec. 7, 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death: Bronchial Pneumonia Duration 2 days
 Due to Chronic Myocarditis ?
Diabetes Mellitus ?

Due to _____
 Other conditions (Include pregnancy within 3 months of death) None

Major findings: Left Breast Tissue Amputated
 Of operations Oct. 24, 1942 for gangrene
 Of autopsy None performed

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?

While at work? _____ (Specify type of place) (e) Means of Injury _____

23. Signature B. J. Murphy (M. D. or other) MD
 Address Hannibal, Mo. Date signed 12-8-42

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

64
3
4

1146

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 Ray P. Schwartz

Licensed Embalmer No. 1765

P. O. Address 1000 Bldgway, Hamstead, Me.

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.