

FILED SEP 21 1946
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 164

Primary Registration District No. 3032

Registrar's No. 94

1. PLACE OF DEATH:

(a) County Johnson

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

(c) Name of hospital or institution: 416 West Gay St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no
(Specify whether years, months or days)

In this community 80-7-21 80 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson

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

(d) Street No. 416 W Gay St.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Charles W. Brammer

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced. Widowed

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Feb 18 1866
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>80</u>	<u>7</u>	<u>21</u>	hr. _____ min.

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

10. Usual occupation Painter

11. Industry or business _____

MOTHER FATHER { 12. Name George Wm Brammer

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

14. Maiden name Sarah Warren

15. Birthplace Sweet Springs Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Jack Brammer
(b) Address Wadsworth Kan.

17. (a) Burial (b) Date thereof 10-10-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Hill

18. (a) Signature of funeral director Sweeney Phillips

(b) Address Warrensburg Mo.

19. (a) Oct. 10, 1946 (b) Savannah Cretchley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 9 10
year 1946 hour 7 minute A M.

21. I hereby certify that I attended the deceased from 10-6, 1946 to 10-9, 1946
that I last saw him alive on 10-9, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Cerebral Arteriosclerosis

Due to _____

Other conditions (include pregnancy, within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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 R. Lee Cooper (M. D. or other) _____

Address Warrensburg Mo. Date signed _____

Duration 1 day

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

32789

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(Licensed Embalmer's Statement on Reverse Side)

OCT 30 1946

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 J. Earl Priest
Licensed Embalmer No. 3878
P. O. Address Warrensburg 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.