

S. No. 300
OM-10-47
v. 5-17-39
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12346

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED APR 24 1948
Registration District No.

Primary Registration District No. 1002

Registrar's No. 1611

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
General Hospital No. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 days
(Specify whether years, months or days)

In this community 50 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 3950 Genessee
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country U.S.

3. (a) PRINT FULL NAME Henry Martin Bramwell

3. (b) If veteran, name war None

3. (c) Social Security No. 499-07-7116

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12
year 1948 hour 8 minute P. M.

4. Sex Male

5. Color or race W.H.

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

(b) Name of husband or wife Josephine Bramwell

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased: September 6, 1879
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 5, 1948 to April 12, 1948
that I last saw him alive on April 12, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebrovascular accident

Duration

8. AGE: Years 68 Months 7 Days 6
If less than one day hr. min.

Due to

Due to

9. Birthplace Nicherson, Kans.
(City, town, or county) (State or foreign country)

Other conditions 8:30
(Include pregnancy within 3 months of death)

10. Usual occupation Machinist

Major findings: Of operations None

Of autopsy None

11. Industry or business Verflo Co.

PHYSICIAN

Underline the cause to which death should be charged statistically.

12. Name Joseph T. Bramwell

13. Birthplace No Record
(City, town, or county) (State or foreign country)

14. Maiden name Genevieve E. Jadin

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

16. (a) Informant Mrs. Josephine Bramwell

(b) Address 3950 Genessee

17. (a) Buried (b) Date thereof 4/14/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Edgewood Cem.

18. (a) Signature of funeral director Gates Funeral Home

(b) Address Kansas City, Kansas

19. (a) 4-13-48 (b) Josephine Holme
(Date received local registrar) (Registrar's signature)

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? _____

23. Signature Wm W. Hart (M. D. or other) MD
Address Med. Dir. Gen'l Hosp. Date signed 4-13-48

Dr. Taylor

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.....

W. J. Hard
.....
Licensed Embalmer No. *3991*

P. O. Address.....

*308 East 68th Terr
St. C. 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.