

FILED JUL 26 1948

State File No.

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 767

1. PLACE OF DEATH:

(a) County Bushman
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital No 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 mo 21 days
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Putnam
(c) City or town Unionville
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Dan A Bramhall

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lola Bramhall 6. (c) Age of husband or wife if alive 7 years
7. Birth date of deceased May 18 1875
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<input checked="" type="checkbox"/>	<u>73</u>	<u>1</u>	<u>29</u>	hr. _____ min.

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

10. Usual occupation Farmer

MOTHER FATHER

11. Industry or business _____
12. Name Unknown
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name ---
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant Record Hospital

(b) Address St Joseph MO

17. (a) Removal (b) Date thereof 7/17/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Unionville, MO.

18. (a) Signature of funeral director Heaton-Bowman

(b) Address St. Joseph, Mo.

19. (a) 7-20-48 (b) E. B. Jenkins
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17
year 1948 hour 12:35 minute 9 M.

21. I hereby certify that I attended the deceased from 7-1-48 to 7-17-48
that I last saw him alive on 7-16 and that death occurred on the date and hour stated above.

Immediate cause of death Type 2 atypical pneumonia

Due to arterio sclerosis

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 99

Of autopsy _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 Jornal Thomas (M. D. ---)
Address St Joseph MO Date signed 7/17/48

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..... *Ernie Wood*
Licensed Embalmer No... *3804*
P. O. Address... *319 So. 10th, St. Joseph*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.