No. 2
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED DEC 13 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35627

Registration District No. 42 | Primary Registration District No. 1000 | Registrar's No. 1281

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

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph (If outside city or town limits, write "RURAL" and name of township) 2
(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 3 mo 7 days (Specify whether
In this community 3 mo 7 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jackson 48
(c) City or town Kansas City (If outside city or town limits, write "RURAL") 3
(d) Street No. 622 Denton (If rural, give location) 8
(e) Citizen of foreign country? no (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Lewis Bram Hall
3. (b) If veteran, name war None
3. (c) Social Security No. not given
4. Sex Mal 0
5. Color or race white
6. (a) Single, widowed, married, divorced single 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Feb (Month) 4 (Day) 1881 (Year)

8. AGE: Years 67 | Months 9 | Days 19 | If less than one day hr. min.

9. Birthplace Burchtree (City, town, or county) Ark. (State or foreign country) 1
10. Usual occupation Laborer
11. Industry or business
FATHER
12. Name John Bramhall
13. Birthplace Unknown (City, town, or county) Mo. (State or foreign country) 0
MOTHER
14. Maiden name Mary Mills
15. Birthplace Unknown (City, town, or county) Ga. (State or foreign country) 1
16. (a) Informant Eugene Hannally Pub. adm.
(b) Address K.C. Mo. 1628 Vierks Bld.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Nov. 29, 1948 (Month) (Day) (Year)
School of Osteopathy
(c) Place: burial or cremation Kirksville, Mo.
18. (a) Signature of funeral director Walter Meierhoffer
(b) Address 1946 Colhoun St., St. Joseph, Mo.
19. (a) 12-4-48 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature) 382

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 23
year 1948 hour 6 minute 30 A.M.
21. I hereby certify that I attended the deceased from Nov 1, 1948, to Nov 23, 1948, that I last saw her alive on Nov 22, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	
Due to arteriosclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy
83 A

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature Forrest Thomas (M. D. or other)
Address St. Joseph Mo Date signed 11/23-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side) c/o State Hosp - no 2

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, [redacted] .....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....Raymond H. Moreheac

Licensed Embalmer No.....4413 Missouri

P. O. Address.....St. Joseph, Missouri.

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

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