

FILED FEB 29 1952

STANDARD CERTIFICATE OF DEATH

State File No. 5661

BIRTH NO. _____ REG. DIST. NO. 385 PRIMARY REG. DIST. NO. 3039 Registrar's No. 414

1. PLACE OF DEATH a. COUNTY Linn		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Chariton	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marceline		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Musselfork Twp. 0210	
c. LENGTH OF STAY (in this place) 11da		d. STREET ADDRESS (If rural, give location) Southeast of Marceline	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis			

3. NAME OF DECEASED (Type or Print)	a. (First) Alonzo	b. (Middle) Irvan	c. (Last) Brammer	4. DATE OF DEATH (Month) (Day) (Year) Jan. 14, 1952
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct. 22, 1880	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR 2 Months 22 Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Chariton County, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A
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13a. FATHER'S NAME Francis S. Brammer	13b. MOTHER'S MAIDEN NAME Margaret Ann Wennerr	14. NAME OF HUSBAND OR WIFE Edna Brammer
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Woodrow Brammer Marceline, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Insufficiency		
	DUE TO (c) Hypertensive Arteriosclerosis Heart Disease		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4200	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 1949 to 1-14, 1952, that I last saw the deceased alive on 1-14, 1952, and that death occurred at 8:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Robert W. Jones M.D.	23b. ADDRESS Marceline, Mo	23c. DATE SIGNED 1-16-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1/17/52	24c. NAME OF CEMETERY OR CREMATORY Locke Cemetery	24d. LOCATION (City, town, or county) (State) Southeast of Marceline, Mo
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DATE REC'D BY LOCAL REG. 1-25/52	REGISTRAR'S SIGNATURE Mary Jane Owens	401	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jas. McLaughlin Marceline, Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

5810

FEB 20 1952

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 _____ X

Student Embalmer No. _____ X

working under my personal supervision.

Student _____ X
Student Embalmer

Signed George W. Davolt

Licensed Embalmer No. 4799

P. O. Address Marceline, 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.