

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Registration District No. 399

Primary Registration District No. 1002

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:
St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether
In this community About 14 years years, months or days)

3. (a) PRINT FULL NAME Mrs. Mary Bramble

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife John Bramble 6. (c) Age of husband or wife if alive - years

7. Birth date of deceased July 11th, 1858
(Month) (Day) (Year)

8. AGE: Years 82 Months 2 Days 16 If less than one day - hr. - min.

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

10. Usual occupation At Home

11. Industry or business -

MOTHER FATHER { 12. Name Mark Millegan

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

14. Maiden name Martha Brooks

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

16. (a) Informant Mrs. Martha Walker

(b) Address 3702 Penn

17. (a) removal (b) Date thereof 9/30/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clarinda, Iowa

18. (a) Signature of funeral director R. V. Lindsey & Sons

(b) Address 3811 Broadway

19. (a) 9-28-40 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

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. 3702 Pennsylvania
(If rural, give location)
(e) If foreign born, how long in U. S. A.? - years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 27th
year 1940 hour 9 minute 20 P. M.

21. I hereby certify that I attended the deceased from 9: 20-40
1940, to 9: 27, 1940;
that I last saw her alive on 9: 27, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death - Bronchial pneumonia Duration 40

Due to hypertension myocardial degeneration

Due to arteriosclerosis

Other conditions asthma
(Include pregnancy within 3 months of death) 93C

Major findings: none

Of operations none

Of autopsy none

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? yes (Specify type of place) (e) Means of injury -

23. Signature M. M. Brown (M. D. or other) -
Address 1401 NW 3rd St KC Mo Date signed 9-28-40

either D.O.E. location
or M.P.M. opening
1401 Southwest Ave
2-5

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 _____

Licensed Embalmer No. 3738

P. O. Address 5010

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, above space should be left blank.