

FILED NOV 30 1947

Registration District No. 271

Primary Registration District No. 5911

Registrar's No.

1. PLACE OF DEATH:

(a) County Winnemucca
(b) City or town Bragg City, Tenn
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Billie Dean Bramlett

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 0

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Mar 11 1947
(Month) (Day) (Year)

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

9. Birthplace Ark 1
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Clara Bramlett

13. Birthplace Ark 1
(City, town, or county) (State or foreign country)

14. Maiden name Madge Blacksher

15. Birthplace Ark 1
(City, town, or county) (State or foreign country)

16. (a) Informant Wm. C. Davis

(b) Address Bragg City Mo

17. (a) Burial! (b) Date thereof 10-8-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Gregory Camp

18. (a) Signature of funeral director L. H. ...
(b) Address Kennett Mo

19. (a) 10-28-47 (b) Mrs. J. R. Cole
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 8
year 1947 hour 12 minute 30 a M.

21. I hereby certify that I attended the deceased from Oct. 4 1947 to Oct. 8 1947
that I last saw him alive on Oct 4 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cholera Infantum

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) 119a

Major findings: Of operations _____
Of autopsy _____

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 J. R. Rigdon (M. D. or other) _____
Address Kennett Mo Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

78
000

78
0

11-42-34.

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.....

P. O. Address.....

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.