

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 7 1949

Registration District No. 273

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5205 5212

State File No. 40438

Registrar's No. 37

1. PLACE OF DEATH:

(a) County Carter
(b) City or town Van Buren (Rural)
(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 65 years
years, months or days

3. (a) PRINT
FULL NAME

Thomas J Brame

3. (b) If veteran,

name war _____

3. (c) Social Security

No. _____

4. Sex

MO

5. Color or
race

W

6. (a) Single, widowed, married,
divorced

married

6. (b) Name of husband or wife

Lindie Hill

6. (c) Age of husband or wife if

alive 80 years

7. Birth date of deceased

Aug
(Month)

8
(Day)

1857
(Year)

8. AGE:

Years

85

Months

4

Days

20

If less than one day

hr. _____ min.

9. Birthplace

MO

(City, town, or county)

O

(State or foreign country)

10. Usual occupation

farmer

11. Industry or business

MOTHER FATHER

12. Name

Frank Brame

13. Birthplace

USA

(City, town, or county)

(State or foreign country)

14. Maiden name

Bashie Lowery

15. Birthplace

USA

(City, town, or county)

(State or foreign country)

16. (a) Informant's own signature

Arnold Brame

(b) Address

Van Buren

17. (a) Brame Cemetery

(b) Date thereof Dec 29-42

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation

Brame Cemetery

18. (a) Signature of funeral director

Arnold Brame

(b) Address

Van Buren

19. (a)

Dec 28 1942

(b) Mr. A. J. Smith

(Date received local registrar)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Carter
(c) City or town Van Buren (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 28
year 1942 hour 8 minute 02 A.M.

21. I hereby certify that I attended the deceased from D.C.
13th, 1942 to Dec. 28, 1942
that I last saw him alive on D.C. 13th, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death

Myocarditis chronic
general arterio-
sclerosis.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

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

J. H. Cotton

(M. D. or other)

Address

Van Buren

Date signed 12-28-42

RECEIVED

District Health Officer No. 5

District File Number 14318

Date Filed 1-6-43

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed Seaton Pewitt

Licensed Embalmer No. 2287

P. O. Address Van Buren 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, above space should be left blank.