

JUL 29 1943 280
Registration District No.

Primary Registration District No. 5962

1. PLACE OF DEATH:

(a) County Platte
(b) City or town Atatan, Marshall Township
(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no (Specify whether)
In this community no (Specify whether)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Platte
(c) City or town Rural, Marshall Township
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July, day 11, year 1943 hour 12 minute 30 AM/PM.

21. I hereby certify that I attended the deceased from July 11, 1943, to July 13, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death: gun shot in right side of the heart by a pistol
Due to being shot by a pistol
Due to

Duration

Snobles

Other conditions: None
(Include pregnancy within 3 months of death)

Major findings: None
Of operations: None

Of autopsy: no

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) Homicide
(b) Date of occurrence July 11, 1943
(c) Where did injury occur? Atatan, MO
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home
While at work? no (Specify type of place) (e) Means of injury Shot

23. Signature W. R. Vaughn (M. D. or other) Crane
Address Dearborn, Mo Date signed 7/17/43

3. (a) PRINT FULL NAME Edward Bramble

3. (b) If veteran, name war World war #2 3. (c) Social Security No. none

4. Sex male 5. Color or race White 6. (a) Single, widowed, married, divorced Divorce

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

7. Birth date of deceased May 30 1901
(Month) (Day) (Year)

8. AGE: 42 Years 1 Months 11 Days If less than one day
hr. min.

9. Birthplace Mount Sterling Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Farm Hand

11. Industry or business

12. Name Newton Bramble

13. Birthplace Bass Co. Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Anna Hammy

15. Birthplace Bass Co. Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Leroy Bramble
(b) Address Weston, Missouri

17. (a) Burial (b) Date thereof July 14/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Graceland Cem.

18. (a) Signature of funeral director W. R. Vaughn

(b) Address Weston, Missouri

19. (a) 7-14-43 (b) Mrs. Clay Hifflee
(Date received local registrar) (Registrar's signature)

1209

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

MOTHER FATHER

JUL 29 1943

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..... *W. R. Vaughn*

Licensed Embalmer No. *4023*

P. O. Address *Weston, 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.