No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20491

Registration District No. FILED JUL 14 1944 Primary Registration District No. 1002 Registrar's No. 2777

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: Deaconess Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution less than 1 day (Specify whether years, months or days) In this community 35 yrs. 0

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Jackson 48
(c) City or town Kansas City 38 (If outside city or town limits, write "RURAL")
(d) Street No. 2805 Charlotte (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ✓ 0

3. (a) PRINT FULL NAME Rose Bramson
3. (b) If veteran, name war ✓
3. (c) Social Security No. None
4. Sex Fe 1
5. Color or race Wh
6. (a) Single, widowed, (married) divorced
6. (b) Name of husband or wife Otto Bramson
6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased Jan. (Month) 8 (Day) 1879 (Year)
8. AGE: Years 65 Months 6 Days 27 If less than one day hr. 6 min.
9. Birthplace not known (City, town, or county) Rumania (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
MOTHER FATHER
12. Name Abraham Ashtenberg
13. Birthplace not known (City, town, or county) Rumania (State or foreign country)
14. Maiden name Hannah Silestein
15. Birthplace not known (City, town, or county) Rumania (State or foreign country)
16. (a) Informant Otto Bramson
(b) Address 2805 Charlotte
17. (a) Buried (Burial, cremation, or removal) (b) Date thereof 7-6-44 (Month) (Day) (Year)
(c) Place: burial or cremation St Joseph Mo.
18. (a) Signature of funeral director J. P. Louis Funeral Home.
(b) Address 3400 Woodland
19. (a) 7-5-44 (Date received local registrar) (b) R. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7/5 day year hour minute M.
21. I hereby certify that I attended the deceased from 7/5/44, 19 to 7/5/44, 19; that I last saw h. ex alive on 7/5/44, 19; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral hemorrhage	
Due to Hypertension	
Due to hardening of arteries	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations B3a	
Of autopsy	

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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature E. R. Whitmore (M. D. or other)
Address 424 Corpen Bldg. Date signed 7/5/44

(Licensed Embalmer's Statement on Reverse Side)

SEP 19 1944

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. 3120

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.