

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1935

FILED FEB 5 1945
Registration District No. 58

Primary Registration District No. 4088

Registrar's No. 1

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME Philip Brame

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Maggie 6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased Feb 16 1882
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 11 9 hr. min.

9. Birthplace Carter County Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Peter D. Brame

12. Name Peter D. Brame 13. Birthplace Tenn. (City, town, or county) (State or foreign country)

14. Maiden name Lucy Jane O. Dell 15. Birthplace Ill. (City, town, or county) (State or foreign country)

16. (a) Informant Lee Brame (b) Address Van Buren Mo.

17. (a) Burial (b) Date thereof 1-27-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brame Cemetery

18. (a) Signature of funeral director Phil A. Leuckel (b) Address Van Buren Mo.

19. (a) Jan 27 1945 (b) Mrs. R. Smith
Date received local registrar (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Carter
(c) City or town Ellsinore
(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 Jan. day 25
year 1945 hour 5 minute 35 p. M.
21. I hereby certify that I attended the deceased from Jan. 17th
to Jan. 25th 1945, to 1945
that I last saw him alive on Jan. 23rd 1945
and that death occurred on the date and hour stated above.
Immediate cause of death

Gen. Arterio-sclerosis, with hypertension-
Due to Terminal apoplexy-
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
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?

While at work? (Specify type of place) (e) Means of injury

23. Signature J. M. Cotton (M. D. or other)
Address Van Buren Mo Date signed 1-27-45

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

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 1-25-45

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

Signed Philip A. Lenczel
.....
Licensed Embalmer No. 2936
P. O. Address Van Buren St

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.