

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

FILED MAR 15 1945

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

6961

State File No. _____

Registration District No. 300

Primary Registration District No. 6029

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Reynolds
 (b) City or town Rubble (Rural)
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: in her daughters home
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: 50 years (Specify whether years, months or days)
 In this community _____

3. (a) PRINT FULL NAME

Lydia Ann Brame

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F 1
 5. Color or race W
 6. (a) Single, widowed, married 2 divorced, widowed
 6. (b) Name of husband or wife Thomas Brame
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Nov 17 1861
 (Month) (Day) (Year)

8. AGE: Years 83 Months 2 Days 17
 If less than one day hr. _____ min. _____

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

10. Usual occupation house wife

11. Industry or business _____

12. Name Jim Hill

13. Birthplace U.S.A.
 (City, town, or county) (State or foreign country)

14. Maiden name Adeline House

15. Birthplace U.S.A.
 (City, town, or county) (State or foreign country)

16. (a) Informant Mary Jane Jackson

(b) Address Rubble Mo

17. (a) Burial (b) Date thereof 2-5-45
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Carter Creek

18. (a) Signature of funeral director Seaton Pewett

(b) Address Van Buren Mo.

(a) 3-5-40 (b) Essie Evans
 (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. 10 mile North East of Van Buren
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

23. DATE OF DEATH: Month Feb, day 4, year 1945 hour 12 minute 50 P.M.

21. I hereby certify that I attended the deceased from Sept 2nd 1944 to Feb 4th 1945
 that I last saw her alive on Jan 12th 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myo-carditis, general ar-teriosclerosis, & debility

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

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. M. Cotton (M. D. or other) _____

Address Van Buren Mo Date signed 2-5-45

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

1156

RECEIVED

District Health Officer No. 5,

District File Number 345147

Date Filed 3. 14-45

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{dressed}embalmed by me, or by me

Body was not embalmed, Registered Apprentice No. _____
working under my personal supervision.

Signed Seaton Pewitt

Licensed Embalmer No. 2287

P. O. Address Van Buren

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.