S. No. 2
—11-10-39
v. 5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 5 1947

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12780

Registration District No. 64 Primary Registration District No. 5245 Registrar's No. 21

1. PLACE OF DEATH:

(a) County Chariton

(b) City or town Rural Keytesville Twp.
(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 ✓ (Specify whether
In this community 30 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Chariton 21

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Keytesville Twp. 7 W.S.E. of Keytesville
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME WILLIAM D. BRAMBLE

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

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

6. (b) Name of ~~husband~~ or wife Alice Bramble 6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased July (Month) 27 (Day) 1870 (Year)

8. AGE: Years 76 Months 8 Days 13 If less than one day ..... hr. ..... min.

9. Birthplace Don't know (City, town, or county) Kentucky (State or foreign country)

10. Usual occupation farmer

11. Industry or business

FATHER
12. Name Don't know
13. Birthplace Don't know (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sarah Brambel
15. Birthplace Don't know (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant Mrs. Lorena Hayes
(b) Address Keytesville Mo.

17. (a) ~~Agent of~~ Burial (Burial, cremation, or removal) (b) Date thereof April 8-1947 (Month) (Day) (Year)
(c) Place: burial or cremation Asbury

18. (a) Signature of funeral director Hyde & Garrett
(b) Address Keytesville Mo.

19. (a) 4-8-47 (Date received local registrar) (b) [illegible] (Registrar's signature) 53

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6
year 1947 hour 10 minute 15 P. M.

21. I hereby certify that I attended the deceased from Feb 1, 1947 21, 19..., to 4-6-47, 19...;
that I last saw him alive on 4-6-47, 19...;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic myocarditis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

93 P

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 2

23. Signature Fred Earhart D.O. (M.D. or other)
Address Keytesville Mo Date signed 4-8-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
Record Filo Number.....
Date Filed 5-2-47

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 H. D. Garrett

Licensed Embalmer No. 3046

P. O. Address Kirksville 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.