

No. 2
2-43
17-39
X47070

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

FILED APR 30 1947

Registration District No. 200

Primary Registration District No. 3041

Registrar's No. 198

1. PLACE OF DEATH:

(a) County Macon

(b) City or town Macon
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Samaritan 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 24 days
(Specify whether years, months or days)

In this community macon mo

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Macon 61

(c) City or town Macon 3
(If outside city or town limits, write "RURAL")

(d) Street No. 2
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Nad Brammer

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 23rd
year 1947 hour 5 minute 00 P.M.

21. I hereby certify that I attended the deceased from 1-30, 1947 to 2-23, 1947
that I last saw him alive on 2-23, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Stomach

4. Sex M. 5. Color or race W

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____

7. Birth date of deceased Sept. 25 1886
(Month) (Day) (Year)

Duration 60 or more months

Due to _____

Due to _____

Other conditions Carcinoma of Stomach
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day

60 4 28 _____ hr. _____ min.

PHYSICIAN

Major findings: _____

Of operations _____

Of autopsy 46 B

Underline the cause to which death should be charged statistically.

9. Birthplace Macon Co. Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Railroading

11. Industry or business _____

12. Name John Brammer

13. Birthplace Macon Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name George Ann Pulliam

15. Birthplace Macon Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Waldo P. Brammer

(b) Address La. Cross 21st

17. (a) Burial Rever. M. West Oakwood
(Burial, cremation, or reposal)

(b) Date thereof 2-25-47
(Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director Stephens & Gooding

(b) Address Macon Mo

19. (a) 4-21-47 (b) Paul McNeely
(Date received local registrar) (Registrar's signature)

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. P. Honoway M.D. 0
(M.D. or other)

Address macon MO Date signed 4/17/47

1947 APR 29

RECEIVED
District Health Officer No. 1
District File Number 4-47-746
Date APR 29 1947

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 C. L. Stephens

Licensed Embalmer No. 3057

P. O. Address Macon, Ga.

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.