No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31114

FILED OCT 4 1947

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4035

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

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: 3023 MONTGALL AVENUE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ---
(Specify whether
In this community 61 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON 48
(c) City or town KANSAS CITY 3
(If outside city or town limits, write "RURAL")
(d) Street No. 3023 MONTGALL AVENUE 8
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ---

3. (a) PRINT FULL NAME MR. OTTO WILLIAM BRATTSTROM
3. (b) If veteran, name war No
3. (c) Social Security No. NONE

4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of ~~husband or~~ wife MRS. LOU BRATTSTROM
6. (c) Age of ~~husband or~~ wife if alive 65 years
7. Birth date of deceased MARCH (Month) 12 (Day) 1884 (Year)

8. AGE: Years 63 | Months 6 | Days 9 | If less than one day ..... hr. ..... min.

9. Birthplace LATHROP (City, town, or county) MISSOURI (State or foreign country) 0
10. Usual occupation RETIRED
11. Industry or business HARRY BREWER CIGAR COMPANY
FATHER
12. Name JACOB BRATTSTROM 4
13. Birthplace (City, town, or county) SWEDEN (State or foreign country) 1
MOTHER
14. Maiden name GUERQUEST
15. Birthplace (City, town, or county) SWEDEN (State or foreign country) 4
16. (a) Informant MRS. LOU BRATTSTROM
(b) Address 3023 MONTGALL AVENUE
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof SEPT-23 1947 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ FLORAL HILLS CEMETERY
18. (a) Signature of funeral director D W Kiwcomer & Sons
(b) Address 1401 BRUSH CREEK BLVD.
19. (a) 9-23-47 (Date received local registrar) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT. day 21 57
year 1947 hour 3 minute 45 P.M.
21. I hereby certify that I attended the deceased from 9-18-47, 19..., to 9-21-47, 19...;
that I last saw him alive on 9-18-47, 19...;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary tuberculosis - pneumonia	
Due to tuberculosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations — 13	PHYSICIAN
Of autopsy —	Underline the cause of 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) 0
While at work? (e) Means of injury
23. Signature F. H. Hodgson (M. D. or other) MD
Address 4301 Main Date signed 9-22-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr Frank M. Hodson
4301 Main

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 Edward M. Stong

Licensed Embalmer No. 4452

P. O. Address K. C. 4 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, fact should be so stated above.