S. No. 2
M—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 24 1948
Registration District No.

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 44170

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:
(a) County: Carter
(b) City or town: Fremont (rural)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: home of William Leyhmer
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Carter
(c) City or town: Fremont (rural)
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: James T Bramlett
3. (b) If veteran, name war: No
3. (c) Social Security No.: No
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Lucy Bramlett
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: Dec (Month) 23 (Day) 1871 (Year)

8. AGE: Years 76 Months 0 Days 1 If less than one day hr. min.
9. Birthplace: Harris Burg (City, town, or county) Ill (State or foreign country)
10. Usual occupation: farmer
11. Industry or business
MOTHER FATHER
12. Name: Coleman Bramlett
13. Birthplace: Ill (City, town, or county) (State or foreign country)
14. Maiden name: Mary Miner
15. Birthplace: Ill (City, town, or county) (State or foreign country)
16. (a) Informant: M. M. Bramlett
(b) Address: Hermon Ill
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-27-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Freeman Cemetery
18. (a) Signature of funeral director: Seaton Pewitt
(b) Address: Van Buren Mo.
19. (a) Dec 31-47 (Date received local registrar) Mrs Octa Henson (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 24 year 1947 hour 11 minute 30 P.M.
21. I hereby certify that I attended the deceased from Dec Dec 23, 1947, to 19; that I last saw h alive on 19; and that death occurred on the date and hour stated above.

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

PHYSICIAN — 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)
While at work? (e) Means of injury
23. Signature: J. N. Cotton (M. D. or other)
Address: Van Buren Date signed 12-30-47

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

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 14-855
Date filed 1-21-48

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 Chas. S. Pewitt, Registered Apprentice No. 11, working under my personal supervision.

Signed Seaton Pewitt

Licensed Embalmer No. 2287

P. O. Address Van Buren 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.