

WRITE PLAINLY—USE 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: ST. JOSEPH HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 15 MINUTES
(Specify whether years, months or days)

In this community 15 MINUTES

3. (a) PRINT FULL NAME INFANT BRAMER

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex FEMALE Color or race WHITE

5. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife _____

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

7. Birth date of deceased MARCH 19 1948
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day hr. 15 min.

9. Birthplace KANSAS CITY MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation INFANT

11. Industry or business _____

12. Name I. VAN MERLIN BRAMER

13. Birthplace HARLAN IOWA

14. Maiden name MARY VILVA BHEISTEN

15. Birthplace MARY VILVA MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant MR. IVAN MERLIN BRAMER

(b) Address 608 WEST 32ND STREET

17. (a) BURIAL (b) Date thereof MAR 22 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FLORAL HILLS CEMETERY

18. (a) Signature of funeral director H. Newcomer

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 3-22-48 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON

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

(d) Street No. 608 WEST 32ND STREET
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 19TH year 1948 hour 9 minute 30 P.M.

21. I hereby certify that I attended the deceased from Mar. 1948 to 3-19-48

that I last saw her live on 3-19-48 and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity

Due to Premature separation of placenta

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? No

While at work? No (Specify type of place) _____ (e) Means of injury _____

23. Signature R. D. Higgins (M. D. _____)

Address 1107 Grand Date signed 3-20-48

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

1107 Guy and Kelly
1-5

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. Storey
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.