V. S. No. 2
0M—1/47
Rev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 30 1948

Registration District No. 190

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3033

State File No. 19952

Registrar's No. 22

1. PLACE OF DEATH:
(a) County: Laclede
(b) City or town: Lebanon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 108 N. Monroe
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 32 years (Specify whether years, months or days)
In this community:

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Laclede
(c) City or town: Lebanon
(If outside city or town limits, write "RURAL")
(d) Street No.: 108 N. Monroe
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Martha E. Bramhall
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Hiram D. Bramhall
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Feb (Month) 23 (Day) 1856 (Year)
8. AGE: Years 92 Months 2 Days 4 If less than one day: hr. min.
9. Birthplace: Webster County (City, town, or county) (State or foreign country)
10. Usual occupation: At Home
11. Industry or business:
FATHER 12. Name: Alfred Finley
13. Birthplace: Tenn (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Evelyn Ikard
15. Birthplace: Tenn (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. John Shields
(b) Address: Lebanon, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4/29/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Bramhall
18. (a) Signature of funeral director: Palmer
(b) Address: Lebanon, Mo.
19. (a) 6-25-48 (Date received local registrar) (b) Francis B. Lynly (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27 year 1948 hour 12 minute noon M.
21. I hereby certify that I attended the deceased from 8-25-, 1947, to 4-27-, 1948 that I last saw her alive on 4-27-, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocardial degeneration & phrenic myocarditis	
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? While at work? (Specify type of place)
(e) Means of injury:
23. Signature: R. E. Hamell (M. D. or other) MD
Address: Lebanon, Mo Date signed 4-30

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

53 1 2

48

Received 6/29/48

Laclede County Health Unit

File No. 6-48-63

Date Filed 6/29/48

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 R. L. Palmer, Registered Apprentice No. 84, working under my personal supervision.

Signed S. R. Palmer

Licensed Embalmer No. 2208

P. O. Address

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.