National Office of Vital Statistics

STANDARD CERTIFICATE OF DEATH

State File No. 36307

FILED DEC 15 1948

Registration District No. 741 — Primary Registration District No. 3025 — Registrar's No. 52

1. PLACE OF DEATH:
(a) County: Howell
(b) City or town: West Plains
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Christa Hogan Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 6 HOURS (Specify whether years, months or days)
In this community: 3 months

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

3. (a) PRINT FULL NAME: Winfield S. Bramhall
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: Widowed
6. (b) Name of husband or wife: Nancy Boston Bramhall
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: April (Month) 21, (Day) 1859 (Year)

8. AGE: Years	Months	Days	If less than one day
89	7	1	hr. min.

9. Birthplace: Unionville, (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: none
11. Industry or business:
FATHER 12. Name: unknown
13. Birthplace: unknown (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: unknown
15. Birthplace: unknown (City, town, or county) (State or foreign country)
16. (a) Informant: Howell Co. Public Welfare Office
(b) Address: West Plains, Mo.
17. (a) removal (Burial, cremation, or removal) (b) Date thereof: 11/22/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Unionville, Mo.
18. (a) Signature of funeral director: Hal Thornburgh
(b) Address: West Plains, Mo.
19. (a) Dec 2-48 (Date received local registrar) (b) Beatrice Cook (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 22 year 48 hour 11:00 minute a.m. M.
21. I hereby certify that I attended the deceased from 11-22- 1948 to 11-22- 1948 that I last saw him alive on 11-22- 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Multiple skin burns	8 hrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: (8)
Of autopsy: (5)

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): accident
(b) Date of occurrence: 11-22-48
(c) Where did injury occur? West Plains, Howell Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? no (e) Means of injury: Fire
23. Signature: C. E. Callahan (M. D. or other)
Address: West Plains Date signed 11-22-48

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

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

1

RECEIVED 12-6-48
District Health Officer No. 5,
Distr... Number 1248745
Date Filed 12-6-48

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~~ ....., Registered Apprentice No. ....., working under my personal supervision.

Signed Hal Thornberry Jr

Licensed Embalmer No. 3408

P. O. Address WEST PLAINS, N

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.