

Registration District No. 139  
FILL FEB 15 1943

Primary Registration District No. 4217

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

1. PLACE OF DEATH:

(a) County Henry

(b) City or town Urich

(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME Sarah Angeline Brammoch

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race white

6. (a) ~~Single~~, widowed, divorced, widow

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased May 1 1847

8. AGE: Years 95 Months 7 Days 5 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Washnalle Tenn (City, town, or county) (State or foreign country)

10. Usual occupation house keeper

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name James Colson

13. Birthplace Overton Co. Tenn (City, town, or county) (State or foreign country)

14. Maiden name Mary Aram

15. Birthplace Overton Co. Tenn (City, town, or county) (State or foreign country)

16. (a) Informant Missouri Moody

(b) Address Urich Mo

17. (a) Rural (b) Date thereof Dec. 8 - 42

(Burial, cremation, or exposure) (Month) (Day) (Year)

(c) Place: burial or cremation Hickory Grove Cemetery

18. (a) Signature of funeral director W. J. Brown

(b) Address Urich Mo

19. (a) Jan. 1, 1943 (b) Georgia Kitchener

(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry

(c) City or town Urich (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 \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 6 year 1942 hour 1:30 minute 10 M.

21. I hereby certify that I attended the deceased from Dec 1 1942 to Dec 6 1942

that I last saw him alive on Dec 2 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia

Due to Gravel to kidney

Other conditions (Include pregnancy within 3 months of death) 107

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature J. W. Galbreath (M. D. or other)

Address Urich Mo Date signed 12-7-42

2471

MS  
244

MS  
244

MS

*William A. ...*  
*William A.*

RECEIVED

District Health Officer No. 7

District-File Number 1-43-111

Date Filed 2-8-43

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 R. R. Kenney

Licensed Embalmer No. 3099

P. O. Address Clinton 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.