

FILED JUN 17 1943
Registration District No. **1069**

Primary Registration District No. **4218**

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

42
2
0

1. PLACE OF DEATH:

(a) County **Henry**

(b) City or town **Windsor**

(c) Name of hospital or institution:
204 N. Main

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

(d) Length of stay: In hospital or institution **74 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Henry**

(c) City or town **Windsor**

(d) Street No. **204 N. Main**

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

3. (a) PRINT FULL NAME **Frank Lee Brame**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Male** 5. Color or Race **White** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Anna Ball Brame** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **August 5 1868**

8. AGE:		Years	Months	Days	If less than one day
		74	7	26	hr. _____ min. _____

9. Birthplace **Windsor Missouri**

10. Usual occupation **Dentist**

11. Industry or business _____

12. Name **John E. Brame**

13. Birthplace **unknown Virginia**

14. Maiden name **Henrietta Taylor**

15. Birthplace **Windsor Missouri**

16. (a) Informant **Dr. Paul Brame**

(b) Address **Windsor, Missouri**

17. (a) (Burial, cremation, or removal) **Burial** (b) Date thereof **4-2-43**

(c) Place: burial or cremation **Windsor, Missouri**

18. (a) Signature of funeral director **Huston-Turner**

(b) Address **Windsor, Missouri**

19. (a) **May 4, 1943** (b) **Georgia Kitchener**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **1** year **1943** hour **11:00** a.m. minute _____ M.

21. I hereby certify that I attended the deceased from **August 10**, 19**42**, to **April 1**, 19**43**, that I last saw him alive on **April 1**, 19**43**, and that death occurred on the date and hour stated above.

Immediate cause of death **Myocarditis**

Duration **1 yr.**

Due to _____

Due to _____

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

Major findings: Of operations **None**

Of autopsy **None**

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? _____

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

Means of injury _____

23. Signature **J.A. Blackmore** (M. D. or other) **MD.**

Address **Windsor, Mo.** Date signed **4/1/43**

42
3
0

MOTHER FATHER

1069

RECEIVED

District Health Officer No. 7,

District File Number 5-43-539

Date Filed 6-14-43

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 Edwell Huston.....

Licensed Embalmer No. 3391.....

P. O. Address Windsor, 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.