

FILED FEB 10 1947

State File No. \_\_\_\_\_

Registration District No. 1347

Primary Registration District No. 3023

Registrar's No. 10

1. PLACE OF DEATH:

(a) County Henry

(b) City or town Clinton mo  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)

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

In this community 12 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Henry 42

(c) City or town Clinton mo 9  
(If outside city or town limits, write "RURAL")

(d) Street No. 901 N 2nd st  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME HOWARD CLARENCE BRAMAJEA

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

4. Sex M 5. Color or Race W 6. (a) Single, widowed, married, divorced wid

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

7. Birth date of deceased April 23 1894  
(Month) (Day) (Year)

8. AGE: Years 69 Months 8 Days 15 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Howard co Ind  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Printer

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

12. Name John C Bramajer

13. Birthplace Dont Huber 9  
(City, town, or county) (State or foreign country)

14. Maiden name \_\_\_\_\_

15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Arlie Brown

(b) Address Clinton mo

17. (a) Burial (b) Date thereof 1-10-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood

18. (a) Signature of funeral director Consalvo & Peap

(b) Address Clinton mo

19. (a) January 9 1944 Georgia Ritchen  
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 7th  
year 1944 hour 11 minute A M.

21. I hereby certify that I attended the deceased from 1-1 1944 to 1-7 1944  
that I last saw him alive on 1-7 1949  
and that death occurred on the date and hour stated above.

Immediate cause of death acute nephritis

Due to influenza

Due to \_\_\_\_\_

Other conditions chronic alcoholism  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy 33A

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) (c) Means of injury \_\_\_\_\_

23. Signature H. J. Powell (M. D. or other) \_\_\_\_\_  
Address Clinton mo Date signed 1-8-44

Duration

3 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

10159

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED  
DISTRICT HEALTH OFFICE No. 70  
District File Number 1-24-142  
Date Filed 2-9-44

**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 J. E. Consoer  
Licensed Embalmer No. 1891

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.