

12 AUG 11 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

26051
Do not use this space.

1. PLACE OF DEATH
(a) County Newton Registration District No. 1046
(b) Township Shoal Creek Primary Registration District No. 5810 Registered No. _____
(c) City Joplin Mo. R. 2 (d) Street No. R. 2 St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Emma A. Brenneman
(a) Residence, No. R. 2 St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Elmer Brenneman
(OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-20-1866
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 7 29

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House wife
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wisconsin

FATHER
13. NAME Seely
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wisconsin

MOTHER
15. MAIDEN NAME Dean
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wisconsin

17. INFORMANT P. L. Brenneman
(ADDRESS) Joplin Mo. R. 2
18. BURIAL, CREMATION, OR REMOVAL PLACE Barnett DATE 7-21 1938
19. FUNERAL DIRECTOR (ADDRESS) B. W. Dugard
Seneca Mo.
20. FILED 7-25-38 Ed D. Jones
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 19 1938
22. I HEREBY CERTIFY That I attended deceased from 4-30 1938 to 7-7 1938
I last saw him alive on July 7 1938 Death is said to have occurred on the date stated above, at 7:35 P.M.
The principal cause of death and related causes of importance were as follows:
Heart Date of onset _____
bleed
Other contributory causes of importance:
Hypertension
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury _____
Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased?
If so, specify H. Henson M. Hays
(Signed) _____ (Address) 2537 Main St. Joplin Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, B. W. Buzzard, Licensed Embalmer No. 2334
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.
No.....or by....., Registered Apprentice No.....
working under my personal supervision.

Signed B. W. Buzzard
Licensed Embalmer No. 2334

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.)