

REC'D MAY 24 1939

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

16437

Do not use this space.

12

1. PLACE OF DEATH *Wright - 2*
- (a) County *Wright* Registration District No. *908*  
(b) Township *1* Primary Registration District No. *4549*  
(c) City *Mt. Home, MO.* (d) Street No. \_\_\_\_\_ 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 *Charles Brunley*  
(a) Residence, No. *Mt. Home, MO.* St.  (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>divorced</i>		
5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Callie Brunley</i>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>April 15, 1878</i>				
7. AGE	YEARS <i>51</i>	MONTHS <i>10</i>	DAYS <i>29</i>	If LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <i>Barber</i>			
	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) <i>Texas County</i>				
FATHER	13. NAME <i>Henry Brunley</i>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Marys Coffey, MO.</i>			
MOTHER	15. MAIDEN NAME <i>Martha Jane Wood</i>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Texas County</i>			
17. INFORMANT <i>Callie Brunley</i> (ADDRESS) <i>Mt. Home, MO.</i>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Shellout</i> DATE <i>March 17, 1939</i>				
19. FUNERAL DIRECTOR (NAME) <i>Russell Books</i> (ADDRESS) <i>Mt. Home, MO.</i>				
20. FILED <i>4-10-1939</i> <i>Berice Montgomery</i> Local Registrar.				

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *3-15-1939*

22. I HEREBY CERTIFY, That I attended deceased from *3/14*, 1939, to *3/15*, 1939.  
I last saw him alive on *3/14*, 1939. Death is said to have occurred on the date stated above, at *7:30 A.M.*  
The principal cause of death and related causes of importance were as follows:  
*Tubercular pneumonia*

Other contributory causes of importance: *|| W*

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 \_\_\_\_\_ (Signed) *R. Akeman*, M. D.  
(Address) *Mt. Home*

RECEIVED

District Health Officer No. 6,

District File Number 6-5-39-1035

Date Filed \_\_\_\_\_

**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, Russell

Barber

or by \_\_\_\_\_

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed

Russell Barber

Licensed Embalmer No. 3848

P. O. Address Mt Grove, 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, above space should be left blank.**