S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 21 1940

Registration District No. 2/0

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6289

State File No. 6355

Registrar's No. 4

1. PLACE OF DEATH:
(a) County Clinton.
(b) City or town Rural, Lafayette, (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2½ Miles S.W. of Hemple, Mo. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days) In this community 50 years,

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Clinton,
(c) City or town Rural, (If outside city or town limits write "RURAL")
(d) Street No. 2½ Mi. S.W., Hemple, Mo. (If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME Jacob Brumm, 650

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

4. Sex Male | 5. Color or race White | 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Nannie Brumm, 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased February 1st, 1867 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
73	0	22	hr. ____ min.

9. Birthplace Buchanan County, (City, town, or county) Missouri, (State or foreign country)
10. Usual occupation Farmer,
11. Industry or business Farm,
MOTHER FATHER
12. Name Lawrence Brumm,
13. Birthplace Strassburg, Lorraine, France (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Jane Wood,
15. Birthplace Virginia (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Rose Claybaugh
(b) Address 3111 Renick, St. Joseph, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 25-1940 (Month) (Day) (Year)
(c) Place: burial or cremation Freeman Chapel Cemetery
18. (a) Signature of funeral director Heaton-Bagby-Bowman Funeral Home
(b) Address St. Joseph, Mo.
19. (a) Feb 26-40 (Date received local registrar) (b) John Karl (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb'y. day 23rd. year 1940 hour 10:00 minute 15 a.m.
21. I hereby certify that I attended the deceased from Dec. 20th, 1939, to Feby 23, 1940; that I last saw him alive on Feby 23rd, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Bright's Disease	1937
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

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

23. Signature L. E. Saunders M.D. (M. D. or other)
Address Stewartsville, Mo. Date signed Mar 14/40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 11,
District File Number 340-298
Date Filed MAR 9 1940

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 W. M. E. Summerfield

Licensed Embalmer No. 3007

P. O. Address 219 So. 4th St. Joseph

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.