

Registration District No. 852

Primary Registration District No. B125-

Registrar's No. 33

1. PLACE OF DEATH:

(a) County Texas, Burdick, Tex  
(b) City or town Cabool, 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 \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME Henry Brunely

8. (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: Aug (Month) 19 (Day) 1860 (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>8</u>	<u>11</u>	hr. _____ min. _____

9. Birthplace Marion Co. Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Barber (retired)

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

MOTHER FATHER

12. Name Henry Brunely  
18. Birthplace Mo.  
14. Maiden name Bartha Ward  
15. Birthplace Unknown

16. (a) Informant Arthur Brunely

(b) Address 1017 Grand St. Cabool, Mo.

17. (a) Burial (b) Date thereof May 2, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cabool Cemetery

18. (a) Signature of funeral director Sammy Stapp

(b) Address 1017 Grand St. Cabool, Mo.

19. (a) \_\_\_\_\_ (b) MacClair Cunningham  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Wright

(c) City or town 1017 Grand St. Cabool  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30 year 1940 hour 6 minute 9 A.M.

21. I hereby certify that I attended the deceased from April 17, 1940 to April 25, 1940

that I last saw him alive on April 25, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 2 wks

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

Due to 94B

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? \_\_\_\_\_

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

23. Signature Samuel Stapp (M. D. or other) \_\_\_\_\_

Address Cabool, Mo. Date signed 5/2/40

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

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.

RECEIVED

District Health Officer No. 5,

District File Number 640-653

Date Filed 6-2-40

Signed,

*George Ruff*

Licensed Embalmer No. 3161

P. O. Address Mt. Grove Pa

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.