

Registration District No. **547**

Primary Registration District No. **3029**

1. PLACE OF DEATH:

(a) County Marion
(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Levering Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 194 (Specify whether years, months or days) 1

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ralls
(c) City or town R#3, Hannibal
(If outside city or town limits, write "RURAL")
(d) Street No. R#3 Hannibal
(If rural, give location)
(e) If foreign born, how long in U. S. A? 0 years.

3. (a) PRINT FULL NAME Vincent Brummer

3. (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 Iva 6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased April 27, 1891
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
49 6 23 hr. min.

9. Birthplace Hannibal, MO
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name John Brummer 0

13. Birthplace Ralls County, MO
(City, town, or county) (State or foreign country)

14. Maiden name Capitula Sims

15. Birthplace Ralls County, MO
(City, town, or county) (State or foreign country)

16. (a) Informant Jane Brummer

(b) Address R#3 Hannibal, MO

17. (a) Burial (b) Date thereof Nov. 21-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Antiack Cem

18. (a) Signature of funeral director James O'Donnell

(b) Address Hannibal, MO

19. (a) 11-26-40 (b) J. C. Fisher
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 18
year 1940 hour _____ minute 6:45 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death _____

Verdict of Jury.
Came to his death by being struck
by a St. Louis & Hannibal R.R.
motor coach, west of Ely St. crossing

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence 11/18/40

(c) Where did injury occur? Hannibal, Marion MO
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
R.R. Rightaway

While at work? no (Specify type of place) (e) Means of Injury Struck by motor coach

23. Signature James O'Donnell corner of Marion & Ely St.

Address Hannibal, MO Date signed 11/19/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

207-72
30

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 Michael J. Offinell

Licensed Embalmer No. 3246

P. O. Address Hannibal, MO

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

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

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 39204
Registrar's No. 332

Registration District No. 549

Primary Registration District No. 3029

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

1. PLACE OF DEATH:

(a) County Marion
 (b) City or town Hannibal
(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 Vincent Brannon

3. (b) If veteran, _____ **3. (c) Social Security** _____
name war No.

4. Sex m **5. Color or race** w

6. (a) Single, widowed, married, _____
divorced m

6. (b) Name of husband or wife _____ **6. (c) Age of husband, or wife, if** _____
alive _____ years

7. Birth date of deceased _____
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>49</u>	<u>6</u>	<u>23</u>	hr. min.

9. Birthplace _____
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER { **12. Name** _____
13. Birthplace _____
(City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____
(City, town, or county) (State or foreign country)

FATHER { **16. (a) Informant** _____
(b) Address _____

17. (a) _____ **(b) Date thereof** _____
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
(b) Address _____

19. (a) _____ **(b)** _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
 (c) City or town _____
(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 Nov day 18
 year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____;
 that I last saw h. _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.
 Immediate cause of death: Verdict of jury
came to his death by
being struck by a st.
motor coach west of
Ly. st. crossing

Due to Louis & Hannibal R. R.
 Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: (predestination)
 Of operations: While stepping on
railroad property
 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) acc
 (b) Date of occurrence 11-18-1940
 (c) Where did injury occur? Hannibal mo
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
R.R. right of way
(Specify type of place)
 While at work? _____
(e) Means of injury

23. Signatures James O' Donnell (M.D. or other) _____
 Address Hannibal Date filed _____

SUPPLEMENTARY

S-39204 1940