

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

Do not use this space.

FILED APR 28 1941

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11829

1. PLACE OF DEATH

County Reynolds Registration District No. 748
 Townshp near Redford Primary Registration District No. 5982
 City near Redford (No. 1) St. Ward

2. FULL NAME

Mary Fay Brunk
 (a) Residence, No. St. Ward
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) premature infant
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 2, 1941
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 10 7 11
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as silk mill, 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) near Redford Mo (STATE OR COUNTRY) Reynolds Co
 13. NAME Lawrence A. Brunk
 14. BIRTHPLACE (CITY OR TOWN) Bonne Terre (STATE OR COUNTRY) Missouri
 15. MAIDEN NAME Mauda Fears
 16. BIRTHPLACE (CITY OR TOWN) Redford (STATE OR COUNTRY) Missouri
 17. INFORMANT Mamie Carpenter (ADDRESS) Redford Reynolds Co, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Carterton Co DATE Mar-13-1941
 19. UNDERTAKER Ora Pyles (ADDRESS) Redford Missouri
 20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 13 1941 March 13, 1941
 22. I HEREBY CERTIFY, That I attended deceased from March 2, 1941 to March - 13, 1941
 I last saw her alive on 13 Mar, 1941 Death is said to have occurred on the date stated above, at 2 P m.
 The principal cause of death and related causes of importance were as follows:
"premature birth and a twin"
 Date of onset 129
 Other contributory causes of importance:
Mother thought about 6 months or 6 1/2 months
 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) Mamie Carpenter, M. D.
 (Address) Redford Mo
mid wife

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.

RECEIVED

District Health Officer No. 5,

District File Number 441496

Date Filed _____

Registration District No. 748

Primary Registration District No. 5962

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Reynolds
(b) City or town Logan T.P.
(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 Mary Fay Brunk

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

4. Sex 7 5. Color or race W

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 _____ hr.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Laurence A. Brunk no
13. Birthplace Bonneton (City, town, or county) (State or foreign country)
14. Maiden name Mary Frances
15. Birthplace Bedford Center (City, town, or county) (State or foreign country)

16. (a) Informant Flaming Carpenter

(b) Address Redford no
17. Carpenter Cem (b) Date thereof Mar 13 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director Essie Evans

(b) Address Redford
19. (a) 6-7-1941 (b) Essie Evans
(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) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 13
year 1941 hour _____ minute _____ M.

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

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

Immediate cause of death _____

Premature Birth
due to over exertion of Mother

Due to _____

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) _____

(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 Essie Evans L.P. (M. D. or other) _____

Address Collington Mo. Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

X25390

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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.....

Licensed Embalmer No.....

P. O. Address.....

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, fact should be so stated above.