S. No. 2
-11-10-39
5-17-39
-I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 5 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17728

Registration District No. 289 Primary Registration District No. 5407 Registrar's No. 23

1. PLACE OF DEATH:
(a) County Dunklin Co
(b) City or town Malden Mo R1
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Cotton Hall
(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

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Dunklin
(c) City or town Malden. Mo R1
(If outside city or town limits write "RURAL")
(d) Street No. (If rural, give location) 0
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Jennie Brunager.
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June (Month) 28 (Day) 1863 (Year)
8. AGE: Years 77 Months 10 Days 23 If less than one day hr. min.
9. Birthplace Pulaski (City, town, or county) Tenn (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
MOTHER FATHER
12. Name John Hathcock
13. Birthplace Ala (City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Hobbs
15. Birthplace Tenn (City, town, or county) (State or foreign country)
16. (a) Informant Mrs John Dee
(b) Address Malden Mo R1
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-28-41 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove
18. (a) Signature of funeral director Wathens Funeral Home
(b) Address Dexter Mo
19. (a) 5/24/1942 (Date received by local registrar) (b) S. E. Mitchell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21 year 1941 hour 7 minute 20 P. M.
21. I hereby certify that I attended the deceased from April 18th, 1941, to May 21, 1941, that I last saw her alive on May 17th, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis — Duration 5 years
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 S. E. Mitchell (M. D. or other) MD
Address Malden Mo Date signed 5/24/41

(Licensed Embalmer's Statement on Reverse Side)

Mitchell

RECEIVED
District Health Officer No.
District File Number 641-698
Date Filed 6/4/41

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 Virgil H. Welch

Licensed Embalmer No. 4102

P. O. Address Dexter - 2

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

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