

2
7-39
X23159

State File No.

FILLED JUL 11 1941

Registration District No. 185

Primary Registration District No. 6257

Registrar's No. 39

1. PLACE OF DEATH:

(a) County: Christian
(b) City or town: Bruner "Rural" Bruner
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Christian
(c) City or town: Rural, Bruner, Mo.
(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.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25th year 1941 hour 4 minute 30 P. M.
21. I hereby certify that I attended the deceased from May 21, 1941, to May 27, 1941;
that I last saw her alive on May 21, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death: Ca of liver
Duration: unknown

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? 171
(Specify type of place) _____ (e) Means of injury _____
While at work? _____
23. Signature: J. H. Poyner (M. D. or other) MD
Address: Clark, Mo. Date signed: 5-27-41

3. (a) PRINT FULL NAME: MARY JANE SWEATENGIN

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: MARRIED

6. (b) Name of husband or wife: W. S. ANDERSON 6. (c) Age of husband or wife if alive: _____ years

7. Birth date of deceased: June 27, 1882
(Month) (Day) (Year)

8. AGE: Years 58 Months 10 Days 28 If less than one day hr. _____ min. _____

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

10. Usual occupation: Housework

11. Industry or business: _____

12. Name: Andy Brazuel

13. Birthplace: Mo. (City, town, or county) (State or foreign country)

14. Maiden name: Emily Nash

15. Birthplace: Mo. (City, town, or county) (State or foreign country)

16. (a) Informant: Rozie Johns

(b) Address: Sparta, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 27, 41
(Month) (Day) (Year)

(c) Place: burial or cremation: Union Chapel

18. (a) Signature of funeral director: Otto Rathbun

(b) Address: Sparta, Mo.

19. (a) 6-11-41 (Date received local registrar) (b) Josephine Merritt (Registrar's signature)

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6,

District File Number 741-1063

Date Filed JUL 10 1941

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.