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MED JUL 14 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

22489

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 547

Primary Registration District No. 3029 5988

Registrar's No. 798 17

1. PLACE OF DEATH:

(a) County Ralls

(b) City or town Rural Saverton Township
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Hannibal P. R. #3
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ralls 87

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. Hannibal R.R. #3 0
(If rural, give location)

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

3. (a) PRINT FULL NAME John Brummer

3. (b) If veteran, name war _____

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16 year 1941 hour 6 P. minute _____ M.

21. I hereby certify that I attended the deceased from 6-10 1941 to 6-16 1941
that I last saw him alive on June 16 1941
and that death occurred on the date and hour stated above.

4. Sex Male () race White

5. Color or divorced Married

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

7. Birth date of deceased April 11 1863
(Month) (Day) (Year)

Immediate cause of death Cerebral Thrombosis Duration 1 week

Due to arteriosclerosis

Due to senility

Other conditions 42 1/2
(Include pregnancy within 3 months of death)

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>2</u>	<u>3</u>	_____ hr. _____ min.

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

9. Birthplace Ralls County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

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? _____

MOTHER FATHER

12. Name John G. Brummer

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

14. Maiden name Eva Barba

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

16. (a) Informant Capitola Brummer

(b) Address Hannibal #3

17. (a) Burial (b) Date thereof 6 18 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Antioch Cemetery

18. (a) Signature of funeral director James O'Donnell 653
(Specify type of place) While at work (e) Means of injury

(b) Address Hannibal Missouri

19. (a) June 18 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

23. Signature [Signature] (M. D. or other) _____
Address Hannibal Mo Date signed 6-18-41

(Licensed Emballer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 10

District File Number 7-41-1263

Date Filed III 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 Ralph W. Clark

Licensed Embalmer No. 4217

P. O. Address Glennfield, Miss.

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.