

FILED MAR 12 1942
 Registration District No. 677

Primary Registration District No. 4403

State File No. _____

Registrar's No. 24

1. PLACE OF DEATH:
 (a) County PHELPS
 (b) City or town ROLLA TWP
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: MR FARLAND HOSPITAL
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 6 DAYS
 (Specify whether _____)
 In this community _____
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State MISSOURI (b) County GASCONADE
 (c) City or town BLAND 37
 (If outside city or town limits, write "RURAL") 0
 (d) Street No. _____ (If rural, give location) 0
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country 1

3. (a) PRINT FULL NAME BARBRA ELLEN BRUMLEY
 (b) If veteran, name war NO
 (c) Social Security No. NO

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month FEB. day 11
 year 1942 hour 3 minute 30 A.M.

4. Sex FEMALE
 5. Color or race WHITE
 6. (a) Single, widowed, married, divorced WIDOWED
 (b) Name of husband or wife JOHN BRUMLEY
 (c) Age of husband or wife if alive DEAD years
 7. Birth date of deceased OCT. 9 1880
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from February 5th 1942 to February 11, 1942
 that I last saw her alive on February 10 1942
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
61 4 2 _____ hr. _____ min.

Immediate cause of death: Shock and old age following an operation for gall stones
 Due to _____
 Due to _____

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

Other conditions (Include pregnancy within 3 months of death)
12/6

10. Usual occupation HOUSE WORK

Major findings: _____
 Of operations _____

11. Industry or business _____

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

MOTHER FATHER
 12. Name MARTIN MARION COPELAND
 13. Birthplace 1 KENTUCKY
 (City, town, or county) (State or foreign country)
 14. Maiden name MARY ANN PARKER
 15. Birthplace 1 TENNESSEE
 (City, town, or county) (State or foreign country)

16. (a) Informant EDWIN ROBERSON
 (b) Address ROLLA MO

17. (a) BURIAL (b) Date thereof FEB. 13 1942
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation KINNER CEM. HAYDEN MO.

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? _____

18. (a) Signature of funeral director W. J. Hattenrath
 (b) Address Owensville
 19. (a) 2-11-42 (b) Gelis Hattenrath
 (Date received local registrar) (Registrar's signature)

(Specify type of place) _____
 (c) Means of injury _____
 Signature Rolla Mo (M. D. or other) _____
 Address _____

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

1
2
2

MAR 18 1942

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 me
....., Registered Apprentice No.
working under my personal supervision.

Signed Milford H. H. Winter
Licensed Embalmer No. 3838
P. O. Address Owensville Mo.

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.