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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 17 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

11713

State File No.

Registration District No. 778 Primary Registration District No. 5949 Registrar's No. 34

1. PLACE OF DEATH:

(a) County PUTNAM

(b) City or town RURAL JACKSON Twp (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: RURAL & Pollock, Mo. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ✓ (Specify whether

In this community 60 yr. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County PUTNAM 86

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

(d) Street No. POLLOCK, MO RFD (If rural, give location)

(e) Citizen of foreign country? ✓ (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME WESLEY BRUMMITT

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex M. —

5. Color or race W. —

6. (a) Single, widowed, married, divorced W. —

6. (b) Name of husband or wife RACHEL

6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased July (Month) 24 (Day) 1864 (Year)

8. AGE: Years 77 Months 7 Days 17 If less than one day hr. min.

9. Birthplace (City, town, or county) 1 TILL (State or foreign country)

10. Usual occupation FARMER

11. Industry or business ✓

FATHER
12. Name BENNET BRUMMITT
13. Birthplace (City, town, or county) 4 ENGLAND (State or foreign country)

MOTHER
14. Maiden name ISABELL WELCH
15. Birthplace ~~ISABELL~~ (City, town, or county) UNKNOWN 9 (State or foreign country)

16. (a) Informant Seth Bruce

(b) Address Pollock Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 (Month) 15 (Day) 42 (Year)

(c) Place: burial or cremation Lemons Mo

18. (a) Signature of funeral director F. D. Hassler & Son

(b) Address Amonville Mo

19. (a) MAR 23 1942 (Date received local registrar) (b) C. Kelley (Registrar's signature)

1049

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13th year 1942 hour 2 minute 45 p.M.

21. I hereby certify that I attended the deceased from Feb 26 1942 to Mar 13 1942 that I last saw him alive on Mar 13-42 19 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral hemorrhage	24 hours
Due to Arteriosclerosis & hypertension	15 years
Due to Nephritis (Chronic)	20 years
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 131 b
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 Chas L Judd (M. D. or other) D.O.

Address Pollock, Mo. Date signed Mar 14-42

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 4-16-835
Date Filed APR 16 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 ....., Registered Apprentice No. ....., working under my personal supervision.

Signed F O Husted

Licensed Embalmer No. 2975

P. O. Address Unionville

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.