

1. PLACE OF DEATH:

(c) County GREENE
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2130 N. Campbell
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 1 month years, months or days)

3. (a) PRINT FULL NAME EMMA AMELIA BRUTON

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced, widow
6. (b) Name of husband or wife Noah T. Bruton 6. (c) Age of husband or wife if alive deceased years
7. Birth date of deceased September 11, 1872 (Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|-------------------------------------|-----------|----------|-----------|----------------------|
| <input checked="" type="checkbox"/> | <u>69</u> | <u>9</u> | <u>24</u> | hr. _____ min _____ |

9. Birthplace unknown New York
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business none

MOTHER FATHER
12. Name Joshua Martin
13. Birthplace unknown New York
(City, town, or county) (State or foreign country)
14. Maiden name Susan Woodhull
15. Birthplace Long Island, New York
(City, town, or county) (State or foreign country)

16. (a) Informant Rose Mary Bruton
(b) Address 2130 N. Campbell, Springfield

17. (a) Burial (b) Date thereof 7/6/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Pisgah

18. (a) Signature of funeral director F.C. Thieme
(b) Address Springfield, Mo.

19. (a) 7-6-42 (b) A. W. S. Handley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 2130 N. Campbell
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5th
year 1942 hour 9:30 minute A. M.

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

Immediate cause of death Coronary artery occlusion
Due to Coronary artery sclerosis

Due to Arterio-sclerosis general
Other conditions Resection pre-cancer
(Include pregnancy within 3 months of death) for cancer - 2 months ago

PHYSICIAN
Major findings: H6D
Of operations _____
Of autopsy _____
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? _____

While at work? _____ (Specify type of place) (Means of injury)
23. Signature Arthur Handley (M. D. or other) MD
Address 450 1/2 E. Court St Date signed 7-6-42

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

39
2
6

984

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: *R. H. Thorne*

Licensed Embalmer No. 3681

P. O. Address. Springfield, 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.