DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 10 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26912

Registration District No. 37 — Primary Registration District No. 4095 — Registrar's No. 124

1. PLACE OF DEATH:
(a) County: CASS
(b) City or town: DREXEL (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Not in hospital. At home. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: Does not apply. (Specify whether In this community years, months or days): 52 years.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri. (b) County: Cass.
(c) City or town: Drexel. (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.? years.

3. (a) PRINT FULL NAME: ELIZABETH DELILAH BRUMMETT
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: Widowed
6. (b) Name of husband or wife: William C. Brummett
6. (c) Age of husband or wife if alive: Dead. years
7. Birth date of deceased: June (Month) 11. (Day) 1852. (Year)

8. AGE: Years	Months	Days	If less than one day
90	2	9	hr. min.

9. Birthplace: Jackson County, Missouri. (City, town, or county) (State or foreign country)
10. Usual occupation: At Home.
11. Industry or business: Household Duties.

FATHER
12. Name: Alonzo Boone.
13. Birthplace: Kentucky. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Elizabeth Stewart.
15. Birthplace: Kentucky. (City, town, or county) (State or foreign country)

16. (a) Informant's own signature: Maude B Stewart
(b) Address: Drexel, Missouri.
17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation: Sharon Cemetery.
18. (a) Signature of funeral director: [illegible]
(b) Address: Drexel, Missouri.
19. (a) Aug. 21, 42. (Date received local registrar) Margaret Tolle. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. 20 day
year 1942 hour 8 11 minute 00 A. M.

21. I hereby certify that I attended the deceased from Nov 28, 1937 to Aug 20, 1942; that I last saw h[illegible] alive on Aug 18, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Arteriosclerosis	8 yrs
Due to: Senility	
Due to:	
Other conditions (Include pregnancy within 3 months of death): 97	

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? (Specify type of place)
While at work? (e) Means of injury: Gunshot

23. Signature: Basil A. Hasbrouck (M. D. or other) Surgeon
Address: Drexel Mo. Date signed 1942

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 5-17-39
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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, ~~xxx~~ personally

~~XXXXXXXXXXXXXXXXXX~~

working under my personal supervision.

Signed ~~XXXXXXXXXXXXXXXXXX~~

Licensed Embalmer No. 1950.

P. O. Address Drexel, 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, above space should be left blank.