

FILED NOV 9 1942

State File No.

Registration District No. 244

Primary Registration District No. 5834, 5835

Registrar's No. 19

1. PLACE OF DEATH:
(a) County Newton
(b) City or town Rural-- Marion Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Route 1, Sarcoxie
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 87 Years
(Specify whether years, months or days)
In this community 87 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Newton
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Route 1, Sarcoxie
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country -----

3. (a) PRINT NAME Mary Bradley Brummett
FULL NAME
3. (b) If veteran, name war No
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month October day 21
year 1942 hour 7 minute 15 am. M.
21. I hereby certify that I attended the deceased from June 4
1942 to October 18
1942
that I last saw her alive on October 18
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced 2 widowed
6. (b) Name of husband or wife T. C. Brummett
6. (c) Age of husband or wife if alive 4 years
7. Birth date of deceased: July 4 1855
(Month) (Day) (Year)

Immediate cause of death Cardiac Failure
Due to Myocardial degeneration and Uremic Toxemia
Due to -----
Other conditions (Include pregnancy within 3 months of death) -----

8. AGE: Years 87 Months 3 Days 17
If less than one day ----- hr. ----- min.

PHYSICIAN
Major findings:
Of operations -----
Of autopsy -----
Underline the cause to which death should be charged statistically.

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

10. Usual occupation At Home

11. Industry or business None

12. Name Cooper Triplett

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

14. Maiden name Nancy Hansford

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

16. (a) Informant Mrs. Hugh Warden

(b) Address 1729 S. Grand Ave., Carthage

17. (a) Burial (b) Date thereof Oct. 23, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial Diamond Cemetery

18. (a) Signature of funeral director Knell Mortuary

(b) Address Carthage, Missouri

19. (a) Oct. 21st 1942 (b) Mrs. S. S. Chapman
(Date received local registrar) (Registrar's signature)

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) (e) Means of injury 2

23. Signature E. O. Martin (M.-D. or other) D.O.

Address Diamond, Missouri Date signed 10/21

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

MOTHER FATHER

1313

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..... *Emm R. Stuef*.....
Licensed Embalmer No. *391*.....
P. O. Address..... *Carthage*.....

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 24406
Registrar's No. 19

Registration District No. 244

Primary Registration District No. 5834-5835-

1. PLACE OF DEATH:

(a) County Newton
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(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 _____ (b) County _____
(c) City or town _____
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME on my Bradley Brummett

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

7. Birth date of deceased July 4 1900
(Month) (Day) (Year)

8. AGE: Years 87 Months 3 Days _____ If less than one day _____ min.

9. Birthplace _____
(City, town, or county) (State or foreign country) mo

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____; that I saw him _____ live on _____, 19____; and that death occurred on the date and hour stated above.
Immediate cause of death cardiac failure Duration _____

Due to myocardial degeneration of chronic disease
Due to coronary atherosclerosis

Other conditions. (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____
131b

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)

(b) Did injury occur in or about home, on farm, in industrial place, in public place?

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

23. Signature D. D. Martin (M. D. or other) _____

Address _____ Date signed _____

SUPPLEMENTARY

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

