

FILED JAN 21 1943

Registration District No. 378

Primary Registration District No. 4552

Registrar's No. 44

1. PLACE OF DEATH:

(a) County Wright
(b) City or town MTN GROVE
(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 _____ (Specify whether _____)
years, months or days

3. (a) PRINT FULL NAME Wm E Brumley

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced 1
6. (b) Name of husband or wife Kate Brumley 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 8 1985
(Month) (Day) (Year)

8. AGE: Years 57 Months 7 Days 22 If less than one day _____ hr. _____ min.

9. Birthplace TEXAS COUNTY (City, town, or county) (State or foreign country) 0

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Albert Brumley
13. Birthplace _____ (City, town, or county) (State or foreign country) 9
14. Maiden name _____ (State or foreign country) 9
15. Birthplace _____ (City, town, or county) (State or foreign country) 9

16. (a) Informant Kate B. Brumley
(b) Address MTN GROVE

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof NOV 3 1942
(Month) (Day) (Year)
(c) Place: burial or cremation Lone Star

18. (a) Signature of funeral director Russell Barber
(b) Address Mt. Hope

19. (a) 11/2/42 (b) Ruby H. Doss
(to received local registrar) (Registrar's signature)

1040

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County WRIGHT 114
(c) City or town MTN GROVE 9
(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 _____ 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 1
year 1942 hour 4:15 minute A.M.

21. I hereby certify that I attended the deceased on Sept. 1 - 1942 to Oct. 30 - 1942
that I last saw him alive on Oct. 30 - 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of liver
Due to _____
Due to _____
Other conditions _____ (Include pregnancy within 3 months of death)
Major findings: _____
Of operations _____
Of autopsy _____

Duration

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? _____

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

23. Signature Ruby H. Doss (M. D. or other) _____
Address Mt. Hope Mo. Date signed 11-2-42

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

14
00

RECEIVED

District Health Officer No. 6,

District File Number 143-68

Date Filed JAN 20 1943

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.....

Licensed Embalmer No. 3848

P. O. Address..... Mt. Vernon, Md.

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.