

V. S. No. 2
DM-9-4-41
5-17-39
X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9524
Registrar's No. 55

Registration District No. 306-5-20
Primary Registration District No. 306-5-20

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

1. PLACE OF DEATH:
(a) County BOONE
(b) City or town COLUMBIA
(c) Name of hospital or institution: BOONE COUNTY HOSP
(d) Length of stay: 7 Days
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County MORGAN
(c) City or town RURAL
(d) Street No. 1 1/2 MILES N OF STOVER
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MARTHA JO BRUNGES
(b) If veteran, name war _____ (c) Social Security No. _____

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced SINGLE
(b) Name of husband or wife _____ (c) Age of husband or wife if alive _____ years

7. Birth date of deceased JUNE 25 1941
(Month) (Day) (Year)

8. AGE: Years 1 Months 8 Days 14 If less than one day _____ hr. _____ min.

9. Birthplace Stover MO
(City, town, or county) (State or foreign country)

10. Usual occupation _____
11. Industry or business _____
12. Name HERBERT BRUNGES
13. Birthplace STOVER MO
14. Maiden name AWICE MAY ARGENBRICH
15. Birthplace STOVER MO

MOTHER FATHER

16. (a) Informant HERBERT BRUNGES
(b) Address STOVER MO
17. (a) BURIAL (b) Date thereof MARCH 13 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation STOVER CEM.
18. (a) Signature of funeral director Ralph Stevenson
(b) Address Stover, Mo
19. (a) 3-11-1943 (b) Edna H Barber
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 11 year 1943 hour 4 minute 30 a.m.
21. I hereby certify that I attended the deceased from March 4 1942 to Mar 11 1943
that I last saw her alive on Mar 3 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho pneumonia (terminal) complicating Streptococcus Septicemia (Strep Viridans)
Due to complication Von Jaksch Anemia
Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy no

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 R. G. Barber (M. D. or other) _____
Address 205 1/2 Chicago Bldg Date signed 3/11/43

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.....

not embalmed..... Registered Apprentice No.....
working under my personal supervision.

Signed *Jewell Stevenson*.....

Licensed Embalmer No.....

P. O. Address *Stover rd*.....

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.