

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10955

State File No.

Registrar's No. 22

FILED APR 12 1943

Registration District No. 245

Primary Registration District No. 5836

1. PLACE OF DEATH

(a) County NEWTON
(b) City or town RURAL NEOSHO TWP.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: NEWTON COUNTY INFIRMARY
(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)

3. (a) PRINT FULL NAME WILLIAM BRUMBAUGH

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 DIVORCED
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased UNKNOWN 1865
(Month) (Day) (Year)

8. AGE: Years 78 Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

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

16. (a) Informant NEWTON COUNTY INFIRMARY
(b) Address RECORDS

17. (a) BURIAL (b) Date thereof 3-17-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation NEWTON Co. INFIRMARY

18. (a) Signature of funeral director Corey Thompson

(b) Address Neosho, Missouri

19. (a) 2-24-43 (b) Corey Thompson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County NEWTON 23
(c) City or town RURAL NEOSHO TWP.
(If outside city or town limits, write "RURAL")
(d) Street No. NEWTON COUNTY INFIRMARY
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 16th
year 1943 hour 5:55 minute P.M.

21. I hereby certify that I attended the deceased from Mar 16th 1943 to Mar 16 1943
that I last saw him alive on Mar 16th 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Burned to death
Due to Clothing caught fire
Due to _____

Other conditions Senile Dementia
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy no 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) accident 173

(b) Date of occurrence 3/16/43

(c) Where did injury occur? AK Newton MO
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
County Infirmary clothing caught

While at work? No (Specify type of place) (e) Means of injury from stove

23. Signature RC Larson (M. D. or other)

Address Neosho MO Date signed 3-24-43

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

Date Received APR. 5 1943

File no. 343-37

APR 10 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.....

Noah H. Johnson Registered Apprentice No. *340*
working under my personal supervision.

Signed.....

Corley Thompson
Licensed Embalmer No. *3259*

P. O. Address.....

Needle 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.