

MAY 10 1943

128
318

Registration District No. _____

Primary Registration District No. 2000

Registrar's No. 310

1. PLACE OF DEATH:

(a) County. GREENE
(b) City or town. SPRINGFIELD
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1134 N. PROSPECT
(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. MO. (b) County. Greene
(c) City or town. Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 1134 N. Prospect
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME SARAH ALICE BRUST.

3. (b) If veteran, name war. NONE 3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19
year 1943 hour 6 minute 45 A. M.

21. I hereby certify that I attended the deceased from June 43
1 1943 to April 6 1943
that I last saw her alive on 4-21 1943
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 MARRIED
6. (b) Name of husband or wife Mr HENRY BRUST 6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased NOV. 2 1867
(Month) (Day) (Year)

Immediate cause of death: mitral regurgitation unknown

8. AGE: Years 75 Months 5 Days 17 If less than one day hr. min.

Due to _____
Due to _____
Other conditions Coronary occlusion 6 mos
(Include pregnancy within 3 months of death)

9. Birthplace Mc KANNISH BURG. ILL
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business AT HOME

MOTHER FATHER { 12. Name Luther Davis
13. Birthplace Unknown Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Dawson
15. Birthplace Unknown UNKNOWN
(City, town, or county) (State or foreign country)

Major findings: Of operations 92 f
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mr Henry Brust

(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof April 23 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn Cem

18. (a) Signature of funeral director J. W. Ingner & Co
(b) Address Springfield, Mo.

19. (a) 4-21-43 (b) J. W. Handley
(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) No
(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? No
(Specify type of place) (e) Means of injury _____
While at work? ✓
23. Signature W. J. Walsh (M. D. or other) _____
Address Springfield Mo Date signed 4/19/43

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

39
2
6

984

W

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..... *J. B. Kingner*

Licensed Embalmer No. *3358*

P. O. Address *Springfield, 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.

X