

No. 2
4-13-40
5-17-39
X23159

17371

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUN 1943
Registration District No. _____

Primary Registration District No. 4054

Registrar's No. _____

1. PLACE OF DEATH:

(a) County BUCHANAN
(b) City or town RUSHVILLE
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether years, months or days)
In this community 47 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County BUCHANAN
(c) City or town RUSHVILLE
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME WILLIAM HENRY BRINGMAN

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

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife SARAH 6. (c) Age of husband or wife if REBECCA CONKLIN BRINGMAN alive unk years
7. Birth date of deceased MAY 9, 1886
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>87</u>	<u>0</u>	<u>10</u>	hr. _____ min.

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

10. Usual occupation BUILDER AND CONTRACTOR

11. Industry or business _____

MOTHER FATHER { 12. Name JOHN BRINGMAN
13. Birthplace SCRANTON PENN.
(City, town, or county) (State or foreign country)
14. Maiden name HARRIETT SHAFFER
15. Birthplace LOUISVILLE KY.
(City, town, or county) (State or foreign country)

16. (a) Informant Ms. Charles Muntz
(b) Address RUSHVILLE, MO.

17. (a) BURIAL (b) Date thereof 5-21-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation ARMSTRONG CEMETERY.

18. (a) Signature of funeral director Wm. B. Blanton
(b) Address 1111 Harrison St.

19. (a) 5/22/43 (b) Opal E. Brown
(Date received local registrar) (Registrar's signature)

1229

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 19
year 1943 hour 6 minute 30 A. M.

21. I hereby certify that I attended the deceased from 9 AM 5-
1943 to MAY 19 1943
that I last saw him alive on 5-19-43
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis
should see with you

Due to _____

Due to _____

Other conditions 938
(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 W. T. Ammons (M. D. or other) MD
Address Ammons Pa Date signed 5-21-43

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

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..... *Wm. Stanton Jr.*

Licensed Embalmer No. *3778*

P. O. Address..... *Abilene, Tex.*

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.