

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED AUG 1 1943
Registration District No. 99

Primary Registration District No. 5376

Registrar's No. 137

1. PLACE OF DEATH:

(a) County Dekalb
(b) City or town Rural Grand River Twp.
(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 _____
years, months or days

3. (a) PRINT FULL NAME Mary L. Bremman

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Phil Bremman 6. (c) Age of husband or wife if alive 77 years
7. Birth date of deceased May 24 1866
(Month) (Day) (Year)

8. AGE: Years 77 Months 2 Days 1 If less than one day
hr. _____ min.

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

10. Usual occupation Housework

11. Industry or business in home

MOTHER FATHER { 12. Name Patrick Hinchey
13. Birthplace XXXX Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Susan Devera,
15. Birthplace Del. Co. Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Cameron Mo
(b) Address Cameron Mo
17. (a) Burial (b) Date thereof July 27, 1943
(Burial, cremation, or reinterment) Catholic Cem. Cameron, Mo.
(c) Place: burial or cremation Old Moore
18. (a) Signature of funeral director Cameron, Mo.
(b) Address Cameron, Mo.
19. (a) 7-27-43 (b) C. D. Gillingley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dekalb 32
(c) City or town Rural Grand River Twp. 11
(If outside city or town limits, write "RURAL")
(d) Street No. Grand River Twp.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25
year 1943 hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from June 24
1943 to July 25 1943
that I last saw him alive on July 25 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Regurgitation of
Coronary Artery

Due to _____

Due to _____

Other conditions Fractured Hip
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of 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) 039 ✓
(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 C. D. Gillingley (M. D. or other) MD
Address Cameron, Mo. Date signed July 28

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. _____

P. O. Address _____

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

- (a) County DeKalb
(b) City or town Rural - Grand River
(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 years, months or days)

3. (a) PRINT
FULL NAME

Mary L. Brennan

3. (b) If veteran,
name war

3. (c) Social Security
No.

4. Sex F

5. Color or
race W

6. (a) Single, widowed, married,
divorced m

6. (b) Name of husband or wife

6. (c) Age of husband or wife if
alive

7. Birth date of deceased

May 24 1866
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

27

2

mo.

9. Birthplace

(City, town, or county)

(State or foreign country)

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace

(City, town, or county)

(State or foreign country)

14. Maiden name

15. Birthplace

(City, town, or county)

(State or foreign country)

16. (a) Informant

(b) Address

17. (a)

(Burial, cremation, or removal)

(b) Date thereof

(Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a)

(Date received local registrar)

(b)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State (b) County
(c) City or town (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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July
year 1943 minute 20 M.

21. I hereby certify that I attended the deceased from
that I last saw him alive on
and that death occurred on the date and hour stated above.
Immediate cause of death myocardial Regurgitation

Due to
Due to
Other conditions Fractured hip
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) accident
(b) Date of occurrence June 24-1943
(c) Where did injury occur? for DeKalb
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In home

(Specify type of place)
While at work? yes (c) Means of injury slipped

23. Signature W. H. H. H. H. H. (M. D. or other)
Address Barre, Mo. Date signed 8/1/43

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

S-0.4018