

FILED JAN 3 1944
1949

Primary Registration District No. 1002

5280

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

1. PLACE OF DEATH:

(a) County Jackson City

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Research Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days
(Specify whether)

In this community 12 days
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Bates

(c) City or town Butler
(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 _____

3. (a) PRINT FULL NAME BRUMMETT, Minerva

3. (b) If veteran, name war no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH Month Dec. day 14
year 1943 hour 9 minute 15 A. M.

21. I hereby certify that I attended the deceased from 6/19/42 19 to 12/14/43 19
that I last saw her alive on 12/14/43 19
and that death occurred on the date and hour stated above.

4. Sex female 5. Color or race w.

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

6. (b) Name of husband or wife Claude

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased April 13, 1890
(Month) (Day) (Year)

Immediate cause of death Chemia

Due to Extension of carcinoma 1 1/2 in. of cervix to involve uterus

Due to 480

Other conditions (include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day

53 8 1 hr. min.

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

10. Usual occupation housewife

11. Industry or business

12. Name M. J. Rice

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

14. Maiden name Stout

15. Birthplace unknown
(City, town, or county) (State or foreign country)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Claude Brummett

(b) Address Butler Mo.

17. (a) Removal (b) Date thereof 12-14-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Butler Mo

18. (a) Signature of funeral director Culver's Funeral Home
(Specify type of place)

(b) Address Butler, Mo

19. (a) 12-14-43 (b) P. C. Brown
(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) _____

(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?

23. Signature Wm. B. Baker M.D.
(M. D. or other)

Address 860 Maple Bldg. Butler, Mo Date signed 12/14/43

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.....
....., 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.