

No. 2
4-13-40
3-17-39
I X23152

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

3889

FILED FEB 8 1944

State File No.

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 17

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

1. PLACE OF DEATH:

(a) County Pettis

(b) City or town Sedalia Mo

(c) Name of hospital or institution: Bothwell Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 Days
(Specify whether)

In this community 6 Days
years, months or days

3. (a) PRINT FULL NAME Mary Jane Brunzman

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Henry H Brunzman

6. (c) Age of husband or wife if alive 13 years

7. Birth date of deceased July 13 1894
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>49</u>	<u>5</u>	<u>26</u>	hr. min.

9. Birthplace La Monte Pettis Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name O.P. Harris

13. Birthplace Pettis Co. MO
(City, town, or county) (State or foreign country)

14. Maiden name Stattie Terry

15. Birthplace Pettis Co. MO
(City, town, or county) (State or foreign country)

16. (a) Informant J.R. Harris

(b) Address La Monte Mo

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof I-10-44
(Month) (Day) (Year)

(c) Place: burial or cremation La Monte Mo.

18. (a) Signature of funeral director B.F. Parker

(b) Address La Monte Mo.

19. (a) 1-10-44 (Date received local registrar)

(b) Dr. Anna Rye (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pettis

(c) City or town Laurate
(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? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 8
year 1944 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from Jan 2, 1944 to Jan 8, 1944
that I last saw her alive on Jan 8, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic embolism

Due to endocarditis

Due to 48 h

Other conditions Cancer of uterus
(Include pregnancy within 3 months of death)

Major findings: Cancer of uterus

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)

(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 M.P. Shy (M. D. or other)

Address Sedalia Date signed 1-8-44

1022

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 2-7-44

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.....

.....
working under my personal supervision.

....., Registered Apprentice No.

B. F. Parker

Signed..... **B. F. Parker**

Licensed Embalmer No. I594

P. O. Address La Monte 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.