

No. 2
-5-42
-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4654

FILED FEB 10 1944
Registration District No. 3470

Primary Registration District No. 4503

State File No. _____

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Stoddard

(b) City or town Bernie
(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 20 years or more
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard ¹⁰³

(c) City or town Bernie ⁰
(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 Minnie Brubaker

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 11
year 1944 hour 10 minute 55, A.M.

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced, Single

6. (b) Name of husband or wife: _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: August 8 1879
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 12-24-1943 to 1-11-1944
that I last saw her alive on 1-11-1944
and that death occurred on the date and hour stated above.

8. AGE: Years 64 Months 8 Days 3 If less than one day _____ hr. _____ min.

Immediate cause of death: Influenza + Lobar Pneumonia Duration 18 days

9. Birthplace Mt Vernon Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation None (Invalid for years)

Due to _____

Due to 370

Other conditions _____
(include pregnancy within 3 months of death)

MOTHER FATHER

11. Industry or business _____

12. Name W.M. Brubaker

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

14. Maiden name Mary Anavely

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

16. (a) Informant Walter Dickerson

(b) Address St. Petersburg, Florida

17. (a) Burial (b) Date thereof Jan 13, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bernie Mo.

18. (a) Signature of funeral director Ruman Funeral Home

(b) Address Bernie Mo.

19. (a) 1-14-1944 (b) Cardie Miller
(Date received local registrar) (Registrar's signature)

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) _____

(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? _____

(Specify type of place) _____

While at work? _____ (e) Means of injury _____

23. Signature Dawsey Ryan (M. D. or other) _____
Address Bernie Mo Date signed 1-13-44

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

1133

(Licensed Embalmer's Statement on Reverse Side)

FEB 15 1950

RECEIVED

District Health Office No. 2

District File Number 244-26

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.....

Embalmed

Registered Apprentice No.....

working under my personal supervision.

Signed.....

Hunter Albritton

Licensed Embalmer No.....

4210

P. O. Address.....

51 Keaton M

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.