

FILED JUL 24 1944

Registration District No. 2

Primary Registration District No.

575-5753

Registrar's No.

94

1. PLACE OF DEATH:

(a) County Maries
(b) City or town RURAL - Boone Jwp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
META, MO. RR # 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
(Specify whether
In this community 76 yrs - 17 day
years, months or days)

3. (a) PRINT FULL NAME Ray McCord Brumble

3. (b) If veteran, name war 0
3. (c) Social Security No. 0

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Margrete Brumble 6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased May 3 1st, 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 - 17 hr. min.

9. Birthplace Osage County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer & Stockman

11. Industry or business

12. Name John Brumble

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

14. Maiden name Nancy Jane Carnes

15. Birthplace Osage County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Laymon Brumble

(b) Address Meta, Mo.

17. (a) Burial (b) Date thereof 6/20/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crisman Cemetary

18. (a) Signature of funeral director Clyde Morton

(b) Address Box 144, Linn, Mo.

19. (a) 6/23/44 (b) Erma Bassett
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Maries 63
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. Meta, Mo. R R # 1 0
(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 June day 18th,
year 1944 hour 3 minute - p. m.

21. I hereby certify that I attended the deceased from May 17
1944, to June 18, 1944;
that I last saw him alive on June 18, 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial failure Duration 2 years
Chronic Myocarditis and
aortic regurgitation year.

Due to

Other conditions.
(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)
(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 Wm. A. Gould (M. D. or other) 20
Address Meta Mo Date signed June 19, 1944

6300

1096

RECEIVED

District Health Officer No. 9

District File Number

Date Filed 7-21-44

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.

Signed

Vernon Morton

Licensed Embalmer No.

4125

P. O. Address

Linn 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.