

FILED JAN 18 1944

Primary Registration District No. 55674283

Registrar's No. 111

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

56  
00

1. PLACE OF DEATH:

(a) County LEWIS

(b) City or town EWING  
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County LEWIS 56

(c) City or town EWING 0  
(If outside city or town limits, write "RURAL") 0

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) 0  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME SHERMAN WILLIAM BRUMBACK

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 15 year 1944 hour 10 minute P. A. M.

21. I hereby certify that I attended the deceased from Dec 15 1944 to Dec 15 1944 that I last saw him alive on Dec 15 1944 and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race White 6. (a) Single, widowed, married, divorced. MARRIED

6. (b) Name of husband or wife ETA RUTHCHILD BRUMBACK 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased JAN 1 1876  
(Month) (Day) (Year)

Immediate cause of death Coronary thrombosis with

Duration \_\_\_\_\_

8. AGE: Years 68 Months 11 Days 14 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Due to \_\_\_\_\_

Due to 94a

9. Birthplace MEMPHIS MOU  
(City, town, or county) (State or foreign country)

10. Usual occupation CONTRACTOR PAINTER

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.

11. Industry or business \_\_\_\_\_

12. Name JAMES IRVIN BRUMBACK

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

14. Maiden name MARGARET ANN HAVEN

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

16. (a) Informant MANNIE BRUMBACK

(b) Address EWING, MO

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

(c) Place: burial or cremation EWING, MO

18. (a) Signature of funeral director James A. Lewis

(b) Address Lewisburg, Mo.

19. (a) 13/19/44 (b) W. J. Ginn  
(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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

23. Signature W. J. Ginn (M. D. or other) W. J. Ginn

Address Lewisburg, Mo. Date signed 1/19/44

987

RECEIVED

District Health Officer No. 10

District File Number 1-45-43

Date Filed JAN 5 1945

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 Myself

....., Registered Apprentice No. ....

working under my personal supervision.

Signed

James A. Coder

Licensed Embalmer No. 2537

P. O. Address

Lewistown 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.