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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JAN 10 1945
Registration District No. 274

Primary Registration District No. 5933

Registrar's No. 399

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Longwood Langston
(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 5 months years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pettis
(c) City or town Longwood
(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 Julia K Brummett

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

4. Sex FL 5. Color or race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Joseph A Brummett 6. (c) Age of husband or wife if alive 80 years
7. Birth date of deceased Dec 18 1867 (Month) (Day) (Year)

8. AGE: Years 76 Months 11 Days 20 If less than one day hr. _____ min. _____

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

10. Usual occupation housekeeper

11. Industry or business _____

12. Name Joseph Annighan

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

14. Maiden name Rebecca Swager

15. Birthplace don't know (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Joseph Brummett

(b) Address Longwood Mo

17. (a) Longwood (b) Date thereof Dec 10 1944 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Longwood

18. (a) Signature of funeral director Houstonia

(b) Address Houstonia Mo

19. (a) 12-13-44 (b) Malvina Berger (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 8 year 1944 hour 5 minute _____ A. M.

21. I hereby certify that I attended the deceased from Jan - 1940 to Dec 7 1944 and that I last saw her alive on Dec 7 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: apoplexy Duration unknown

Due to Chronic Nephritis 6 months

Due to Arteriosclerosis years

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

Major findings: Of operations 131 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 0
23. Signature John Mc Newk (M. D. or other)
Address Houstonia Date signed 12-9-44

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

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1022

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 1-5-1958

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 A. H. Smiley
Licensed Embalmer No. 3987
P. O. Address Houstonia, 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.