

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

FILED FEB 28 1945

5734

Do not use this space.

1. PLACE OF DEATH

(a) County Cass Registration District No. 50
(b) Township Amelie Primary Registration District No. 5176
(c) City near Howell Mo (d) Street No. 1 Registered No. 1
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 1 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

William C. Brumfield
(a) Residence, No. Cass County Mo St. ☐ (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 19, 1943
AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
1 One 11 22

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Lancaster
(STATE OR COUNTRY) Washington

FATHER 13. NAME W. M. Brumfield
14. BIRTHPLACE (CITY OR TOWN) Okmulgee
(STATE OR COUNTRY) Okla

MO 15. MAIDEN NAME Florence Carter
16. BIRTHPLACE (CITY OR TOWN) Fort Smith
(STATE OR COUNTRY) Kansas

17. INFORMANT Wes Brumfield
(ADDRESS) Highway 10

18. BURIAL, CREMATION, OR REMOVAL
PLACE Cass County Cemetery DATE Jan 27th 1945

19. FUNERAL DIRECTOR W. J. Nelson
(ADDRESS) Highway 10

20. FILED Jan 29, 1945 W. J. Nelson
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 7, 1945
22. I HEREBY CERTIFY That I attended deceased from Jan 6th, 1945, to Jan 7th, 1945
I last saw him alive on Jan 7, 1945. Death is said to have occurred on the date stated above, at 3:00 m.
The principal cause of death and related causes of importance were as follows:

Laryngeal Diphtheria Date of onset Jan 5-1945

Other contributory causes of importance: 10

Name of operation Tracheotomy Date of operation Jan 7
What test confirmed diagnosis? Tracheotomy Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) C. E. Hartman, M. D.
(Address) Howell Mo

RECEIVED
DISTRICT
1-15-12-9
2-15-12-9
No. 7

STATEMENT BY LICENSED EMBALMER

I, Chas. Dwyer, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____
L. E. _____
No. _____ or by _____ Registered Apprentice No. _____
working under my personal supervision. Part of a small child
Signed Chas. Dwyer Licensed Embalmer No. _____

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.)

Done