

Registration District No. 155 Primary Registration District No. 5579

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

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Meruval Mills

(c) Name of hospital or institution: Jasper Co T B Hospital
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution 5 mo
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Clair

(c) City or town Osceola 92
(If outside city or town limits, write "RURAL")

(d) Street No. Rt 2 0
(If rural, give location)

(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ethel Mae Brunson

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex 3 / 1 5. Color or race Wh

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife _____

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

7. Birth date of deceased July 23 1890
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

54 8 8 hr. min.

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

10. Usual occupation _____

11. Industry or business Newspaper

12. Name A. M. J. Smith

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

14. Maiden name Anna Husted

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

16. (a) Informant Records

(b) Address _____

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

(c) Place: burial or cremation Osceola

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

(b) Address Osceola Mo

19. (a) Mar. 31 1945 Mrs. Lillie Lyle
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 31
year 1945 hour 12 minute 40 a.m.

21. I hereby certify that I attended the deceased from Oct 20, 1945, to Mar 31, 1945;
that I last saw h. _____ alive on Mar 30, 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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 Jesse E. Douglas (M. D. or Chiropr.)

Address St Clair City Mo Date signed 3-31-45

PHYSICIAN

Underline the cause to which death should be charged statistically.

45-3-297

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

Paul J. Sullivan

Licensed Embalmer No.

3990

P. O. Address

Oscoda 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.