

Registration District No. 164

Primary Registration District No. 3032

1. PLACE OF DEATH:

(a) County Johnson
(b) City or town Warrensburg 2100
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 215 Sparks Avenue 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community InterLife years, months or days

3. (a) PRINT FULL NAME MARY E BRUMMETT

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ralph E Brummett 6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased July 25 1866
(Month) (Day) (Year)

8. AGE: Years 79 Months - Days 20 If less than one day hr. _____ min. _____

9. Birthplace Johnson County 1
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

MOTHER FATHER
11. Industry or business _____
12. Name John Hurley
13. Birthplace Penn. 1
(City, town, or county) (State or foreign country)
14. Maiden name Hannah Neal
15. Birthplace Penn. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Ralph Harding

(b) Address 215 Sparks Warrensburg mo

17. (a) Burial (b) Date thereof April 17 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Spring Hill

18. (a) Signature of funeral director W. G. Wilcox

(b) Address Warrensburg, Missouri

19. (a) April 17, 1945 (b) Leola M. Williams
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson
(c) City or town Warrensburg MO 641
(If outside city or town limits write "RURAL")
(d) Street No. 215 Sparks
(If rural, give location)
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15
year 1945 hour 10 minute 15 P.M.

21. I hereby certify that I attended the deceased from March 15
1945 to April 15, 1945
that I last saw him alive on Mar 10, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac
asthenia
Due to Hemiplegia
Hardening arteries
Other conditions (Include pregnancy within 3 months of death) None
Major findings: Of operations No operations
Of autopsy No autopsy

Duration
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) no
(b) Date of occurrence _____
(c) Where did injury occur? no injury
(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 John T. Anderson (M. D. or other)
Address Warrensburg Date signed 4/16/45

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

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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

Samuel G. Hines

Licensed Embalmer No. 3557

P. O. Address Warrensburg 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.