

FILED JUN 11 1945

State File No. _____

Registration District No. 270

Primary Registration District No. 5909

Registrar's No. 42

1. PLACE OF DEATH:

(a) County TEMISCOT
(b) City or town HAYTI - Rural Little Prairie
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: camp 1
4 MILE N.E. HAYTI
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community SINCE BIRTH
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County TEMISCOT
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. 4 MILE N.E. HAYTI
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME LINDA ANN BRUMMETT

3. (b) If veteran, name war No 3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced INFANT
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Aug 27 1944
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
8 6 hr. min.

9. Birthplace HAYTI MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation MINOR

11. Industry or business _____

12. Name W^M C. BRUMMETT

13. Birthplace NEW MADRID MISSOURI
(City, town, or county) (State or foreign country)

14. Maiden name ZETTIE DEVINE

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

16. (a) Informant W^M C. Brummett

(b) Address Hayti, Mo.

17. (a) RURAL (b) Date thereof 5/4/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CARUTHERSVILLE, MO

18. (a) Signature of funeral director J. P. Smith Funeral Home

(b) Address CARUTHERSVILLE, Mo.

19. (a) 5-7-1945 (b) Jessie N. Markey
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 31
year 1945 hour 4 minute 00 A. M.
21. I hereby certify that I attended the deceased from May 3, 1945, to May 4, 1945;
that I last saw him alive on May 3, 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death
Colitis
Altera media AT

Duration
2 weeks

Due to _____

Due to _____

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

Major findings: Of operations 1190

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 _____

23. Signature Asst. liney (M. D. or other) _____

Address Hayti, Mo. Date signed 5-7-45

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

1000

1206

5-45-126

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.....

Not Embalmed, Registered Apprentice No.....

working under my personal supervision.

Signed..... *E. C. White*

Licensed Embalmer No..... *4168*

P. O. Address..... *Lawrenceville, Ga*

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.