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DM—8-43
v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 9 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

24123

State File No.

Registration District No. 148 — Primary Registration District No. 5565 — Registrar's No. 3

1. PLACE OF DEATH:

(a) County Iron

(b) City or town Rural, Kaolin (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 4 miles S.W. of Banner (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether In this community life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Iron

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

(d) Street No. 4 miles southwest of Banner (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Rosie Bell Brumett

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex fem

5. Color or race white

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

6. (b) Name of husband or wife Phelan Brumett

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased February (Month) 26 (Day) 1877 (Year)

8. AGE: Years 68 | Months 4 | Days 22 | If less than one day ..... hr. ..... min.

9. Birthplace Reynolds County (City, town, or county) Mo. (State or foreign country)

10. Usual occupation at home

11. Industry or business

FATHER
12. Name Jones Miner
13. Birthplace Reynolds County (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Avis Bell

(b) Address Banner Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 7-20-45 (Month) (Day) (Year)

(c) Place: burial or cremation Banner Missouri

18. (a) Signature of funeral director Norman White & Sons

(b) Address A. J. White Ironton Mo.

19. (a) ..... (Date received local registrar) (b) ..... (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18 year 1945 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from 6/29, 1945, to 7/18, 1945 that I last saw her alive on 7/12, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Malaria	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)

Address Irondale, Mo Date signed 7-26-45

1098 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 845-909

Date Filed 8-8-45

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 Russell J. White

Licensed Embalmer No. 3012

P. O. Address Boston Mass.

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.