S. No. 2
M—5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8777

FILED APR 10 1946

Registration District No. 39 Primary Registration District No. 5224 Registrar's No. 47

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

1. PLACE OF DEATH:
(a) County Cass
(b) City or town Rural Grandriver
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Harding Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 days (Specify whether
In this community 77 years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Cass 19
(c) City or town Rural - Camp branch
(If outside city or town limits, write "RURAL")
(d) Street No. 5 Mi N.E of Harrisonville
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Minnie Bell Brumley
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Fe.l
5. Color or race Wh
6. (a) Single, widowed, married, divorced M. 1
6. (b) Name of husband or wife Edward B. Brumley
6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased Apr. (Month) 5 (Day) 1868 (Year)

8. AGE: Years 77 Months 11 Days 15 If less than one day hr. min.

9. Birthplace Harrisonville, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name James Walters
13. Birthplace Ind. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Cynthia Elliott
15. Birthplace Ind (City, town, or county) (State or foreign country)
16. (a) Informant Ed. B. Brumley
(b) Address Harrisonville, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/22/46 (Month) (Day) (Year)
(c) Place: burial or cremation Pitts Chapel Cemetery
18. (a) Signature of funeral director Atkinson Bros
(b) Address Harrisonville Mo
19. (a) March 21-46 (Date received local registrar) (b) Laura J. Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mch. day 20 year 1946 hour 12 minute 45 P.M.
21. I hereby certify that I attended the deceased from Mch 8, 1946, to Mch. 20, 1946 that I last saw her alive on Mch 19, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypostatic Pneumonia	14 days
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 J. S. Triplett M.D. (M. D. or other)
Address Harrisonville, Mo Date signed 3/21/46

51

(Licensed Embalmer's Statement on Reverse Side)

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~~ personally

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Lloyd Atkinson

Licensed Embalmer No. 3920

P. O. Address Harrisonville

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.