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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10297

FILED APR 11 1948

State File No. _____

Registration District No. 270

Primary Registration District No. 5909

Registrar's No. 34

1. PLACE OF DEATH:

(a) County Pemiscot
Rural Caruthersville T.P. Impf
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Home Hayti, Mo. R.R. 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 45 Years /
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot 78
(c) City or town Hayti Rural Route 1 0
(If outside city or town limits, write "RURAL")
(d) Street No. Rural route 1 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Earnest Deyey Brummett

3. (b) If veteran, name war X 3. (c) Social Security No. 499-03-8655

4. Sex Male D 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Maggie Lee Brummett 6. (c) Age of husband or wife if alive 45 years
7. Birth date of deceased. June 2, 1898
(Month) (Day) (Year)

8. AGE: Years 47 Months 9 Days 17 If less than one day _____ hr. _____ min.

9. Birthplace Pemiscot, Co., Mo. X
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Bill Brummett

13. Birthplace Nashville, Tenn. 1
(City, town, or county) (State or foreign country)

14. Maiden name Leanda Garner

15. Birthplace Livingston, Co., Ky. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Maggie L. Brummett

(b) Address Hayti, Mo. R.R. 1

17. (c) Burial (b) Date thereof 3/28/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oregon, Cemetery

18. (a) Signature of funeral director H. L. Smith Funeral Home

(b) Address Caruthersville, Mo.

19. (a) 3-27-46 (b) Jessie B. Welke
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19
year 1946 hour 5 minute 15 P.M.

21. I hereby certify that I attended the deceased from 3/15/46 1946 to 3/19/46 1946;
that I last saw him alive on 3/15/46 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary sclerosis

Due to Undetermined

Due to _____

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

Major findings: Of operations _____

Of autopsy 94a

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) Means of injury 0

23. Signature [Signature] (M. D. or other) 3/25/46
Address Caruthersville, Mo. Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

3-46-62

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.....

Body was not Embalmed

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

working under my personal supervision.

Signed.....
James A. Osburn

Licensed Embalmer No. 4185

P. O. Address..... Caruthersville, 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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. April
Registrar's No. 34Registration District No. 270Primary Registration District No. 5909

1. PLACE OF DEATH:

- (a) County Pemissot
 (b) City or town Rural 2P. Twp.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution _____ (Specify whether)

In this community _____
years, months or days)3. (a) PRINT FULL NAME Earnest O. Bummel

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

4. Sex
- m
5. Color or race
- w
6. (a) Single, widowed, married, divorced
- m

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

7. Birth date of deceased
- June 2
- (Month) (Day) (Year)

8. AGE: Years
- 47
- Months _____ Days _____ (If less than one day) _____ hr. _____ min.

9. Birthplace _____ (City, town, or county) (State or foreign country)
- mo

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(Burial, cremation, or removal)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b)
- Wesley B. Weeks
- (Registrar's signature)

(Date received local registrar)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State _____ (b) County _____

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

- (d) Street No. _____ (If rural, give location)

- (e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month
- May
- 19
- 46
- year _____ M. _____ minute _____ M. _____

21. I hereby certify that I attended the deceased from _____ to _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

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

Address _____ Date signed _____

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

SUPPLEMENTARY

10297