

FILED MAY 23 1947

Registration District No. \_\_\_\_\_

Primary Registration District No. 3072

Registrar's No. 90

1. PLACE OF DEATH: **Saline**

(a) County **Saline**

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

(c) Name of hospital or institution: **Pitzgibbons**  
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Saline** **97**

(c) City or town **R.F.B. Slater** **0**  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_  
(If rural, give location) **0**

(e) Citizen of foreign country? **no** (Yes or No) **0**

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Unnamed baby Brumit**

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex **male**

5. Color or race **white**

6. (a) Single, widowed, married, divorced **baby** **0**

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased: **April 23 1947**  
(Month) (Day) (Year)

8. AGE: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day **1** hr. \_\_\_\_\_ min.

9. Birthplace: **Marshall Mo.**  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name: **Otis Brumit**

13. Birthplace: **Saline Co. Mo. 0**  
(City, town, or county) (State or foreign country)

14. Maiden name: **Ruby Harriet Peterson**

15. Birthplace: **Minneapolis Minn. /**  
(City, town, or county) (State or foreign country)

16. (a) Informant: **Otis Brumit**

(b) Address: **Slater, Mo.**

17. (a) **burial** (b) Date thereof: **4-23-'47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: **Slater, Mo.**

18. (a) Signature of funeral director: **Hill Brothers,**

(b) Address: **Slater, Mo.**

19. (a) **April 24-1947** (b) **Edw. J. Gray**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **23rd**  
year **1947** hour **3** minute **30 A.M.**

21. I hereby certify that I attended the deceased from **2:30 A.M. 4-23** to **3:30 A.M. 4-23**, 19**47**, and that death occurred on the date and hour stated above.

Immediate cause of death: **Asphyxiation**

Due to: **Birth Trauma**

Due to \_\_\_\_\_

Other conditions: \_\_\_\_\_  
(include pregnancy within 3 months of death)

Major findings: **1600**

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 pipe) (c) Means of injury

23. Signature: **Wm. M. Robinson** (M. D. \_\_\_\_\_)

Address: **Slater, Mo.** Date signed: **4-23-47**

Duration **1 hr.**

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

7  
1  
2

RECEIVED

District Health Officer No. 8.

District File Number \_\_\_\_\_

Date Filed 5-6-47

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, <sup>not</sup> ~~or by~~ \_\_\_\_\_

\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Sam M Hill

Licensed Embalmer No. 1292

P. O. Address Slater 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.

*was not embalmed*