

No. 2
M-5-43
5-17-39
I X38671

FILED AUG 13 1947

Registration District No. **3**

Primary Registration District No. **4552**

Registrar's No. **26**

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

1. PLACE OF DEATH:
 (a) County Wright
 (b) City or town Mountain Grove
(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 most of life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Wright **114**
 (c) City or town Mountain Grove **1**
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location) **0**
 (e) Citizen of foreign country? no **0**
(Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Laura Belle Brummett
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. **DATE OF DEATH:** Month March day 9th
 year 1947 hour 5 minute 30 A.M.
 21. I hereby certify that I attended the deceased from 1-9-47
 to 3-9-47
 that I last saw her alive on 3-8-47
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife W.A. Brummett
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased March 9 1869
(Month) (Day) (Year)

Immediate cause of death _____
Cerebral Hemorrhage **1 day**

8. AGE: Years Months Days If less than one day
78 0 0 _____ hr. _____ min.

Due to _____
Atherosclerosis

9. Birthplace unknown Illinois
(City, town, or county) (State or foreign country)

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

10. Usual occupation At home

11. Industry or business _____

Major findings: Of operations _____
 Of autopsy _____
PHYSICIAN
 Underline the cause to which death should be charged statistically.

MOTHER { 12. Name Unknown **9**
 13. Birthplace Unknown **9**
(City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown **9**
(City, town, or county) (State or foreign country)

16. (a) Informant Lee Brummett
 (b) Address Mountain Grove Mo

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? _____

17. (a) Burial (b) Date thereof 3/11/1947
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Hill-Crest Cemetery

While at work? _____
(Specify type of place)
 (c) Means of injury 2

18. (a) Signature of funeral director Dwight Stapp
 (b) Address Mountain Grove, Missouri

19. (a) 7-28-47 (b) A. C. Ames
(Date received local registrar) (Registrar's signature)

23. Signature W. B. Craig **D.O.**
 Address Mountain Grove Mo Date signed 7-28-47
(M.D. or other)

DEC 10 1947

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 *George Shapp*
Licensed Embalmer No. 3161
P. O. Address *Wm. James med*

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.