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FILED OCT 3 1947

Registration District No. 181

Primary Registration District No. 4202

Registrar's No.

1. PLACE OF DEATH:

(a) County Grundy
(b) City or town Spickard
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: no /
(If not in hospital or institution, write street number or location) no
(d) Length of stay: In hospital or institution 15 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Minerva Goins

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

4. Sex female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

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

7. Birth date of deceased. Aug 4 1857
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
89 1 22 hr. min.

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

10. Usual occupation housekeeper

11. Industry or business

MOTHER FATHER

12. Name Calvin Brummett

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

14. Maiden name Moore

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

16. (a) Informant Charley Brummett

(b) Address Princeton, Mo.

17. (a) burial (b) Date thereof 9-28-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Spickard

18. (a) Signature of funeral director Noel Moss

(b) Address Princeton, Mo.

19. (a) Sept 29 1947 (b) Mrs. Nathaniel Cooper
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Grundy
(c) City or town Spickard, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 26
year 1947 hour 12 minute M.

21. I hereby certify that I attended the deceased from Sept 25, 1947, to Sept 25, 1947
that I last saw him alive on Sept 25, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death af after c.
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 EW Ewing (M. D. or other)
Address Spickard, Mo. Date signed 9-27-47

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

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 me

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

Signed Hall Jones

Licensed Embalmer No. 2634

P. O. Address Punahoa - 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.