

No. 2  
5-43  
5-17-39  
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THE STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

31846

State File No. \_\_\_\_\_

FILED OCT 7 1947

Registration District No. 3

Primary Registration District No. 4322

Registrar's No. 71

1. PLACE OF DEATH:

(a) County Mercer  
(b) City or town Princeton, Mo  
(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)  
(d) Length of stay: In hospital or institution no  
In this community all his life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME

Alvin Brummett

3. (b) If veteran, no name war \_\_\_\_\_  
3. (c) Social Security No. 318-222-7465

4. Sex male 5. Color or race white  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Nora Brummett  
6. (c) Age of husband or wife if alive 71 years  
7. Birth date of deceased March 31 1876  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
71 5 21 hr. min. 0

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

10. Usual occupation farmer

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

MOTHER-FATHER { 12. Name George Brummett  
13. Birthplace unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Mouck  
15. Birthplace unknown  
(City, town, or county) (State or foreign country)  
Nora Brummett

16. (a) Informant \_\_\_\_\_  
(b) Address Princeton, Mo

17. (a) burial (b) Date thereof 9-27-47  
(Place, location, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairview

18. (a) Signature of funeral director Noel Moss  
(b) Address Princeton, Mo

19. (a) 9-25-47 (b) M. J. Root  
(Date received local registrar) (Registrar's signature)  
20 (Date)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 23 year 1947 hour 9 minute A M.

21. I hereby certify that I attended the deceased from July 30 to July 23 19 47 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of lower end of esophagus + cardiac end of stomach.  
Due to cardiac end of stomach. Duration 54 days

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations H&P  
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 C. J. Davis (M. D. or other) md.  
Address Princeton Mo. Date signed 9/25/47

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

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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..... Howe Marsh

Licensed Embalmer No. 2634

P. O. Address Funeral Home

**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.