

FILED DEC 4 1947  
Registration District No. 493

Primary Registration District No. 5708

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

1. PLACE OF DEATH:

(a) County. McDonald

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

(c) Name of hospital or institution:  
6 1/2 mi. N.W. of Anderson  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 Days  
(Specify whether years, months or days)

In this community 8 mos 7 Days

3. (a) PRINT FULL NAME. BRENDA JUNE DIVINE

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex. Female

5. Color or race. white

6. (a) Single, widowed, married, divorced. Single

6. (b) Name of husband or wife —

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

7. Birth date of deceased Feb 15 1947  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

8 7 — hr. — min.

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

10. Usual occupation Infant

11. Industry or business —

MOTHER FATHER

12. Name Walter Eugene Divine

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

14. Maiden name Kathryn Ellen Neumann

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

16. (a) Informant Walter Eugene Divine

(b) Address Goodman Mo. R.R.

17. (a) Burial (b) Date thereof 10-26-1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Anderson, Mo.

18. (a) Signature of funeral director Tatum Funeral Home

(b) Address Anderson Mo.

19. (a) Nov. 3, 1947 (b) Mrs. Fred W. Smith  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County McDonald

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

(d) Street No. 6 1/2 mi. N.W. of Anderson  
(If rural, give location)

(e) If foreign born, how long in U. S. A. — years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 22  
year 1947 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from Oct 23 1947 to Oct 23 1947; that I last saw her alive on — 19 —; and that death occurred on the date and hour stated above.

Immediate cause of death. Consumed by fire

Due to None burning

Due to —

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

Major findings: 181

Of operations —

Of autopsy 15

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence Oct 22, 1947

(c) Where did injury occur? McDonald Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
In home on farm

While at work — (Specify type of place)

(e) Means of injury 3

23. Signature W. M. Humphrey (M. D. or other) Coroner

Address McDonald Mo. Date signed 10-23-47

Duration

Underline the cause to which death should be charged statistically.

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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.....

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

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.**