

7. S. No. 2
DOM-5-43
Rev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44488

FILED JAN 28 1948

State File No. _____

Registration District No. 207

Primary Registration District No. 5759

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Maries

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

(c) Name of hospital or institution: East Edge
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 26 years (Specify whether years, months or days)

In this community 26 years

3. (a) PRINT FULL NAME MINNIE BRUNSTETTER

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

4. Sex Female 5. Color or race Wh. 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Edward 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased January 11 1975
(Month) (Day) (Year)

8. AGE: Years 72 Months 11 Days 15 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name W. H. Carter

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

14. Maiden name Nancy Hurd

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

16. (a) Informant Edward Brunstetter

(b) Address Vichy, Missouri

17. (a) Burial (b) Date thereof 12-28-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Shaffer Cemetery

18. (a) Signature of funeral director Null and Sons F.H.

(b) Address Roll, Missouri

19. (a) 1-12-48 (b) Pauline Howard
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Maries

(c) City or town Vichy
(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 Dec. day 26 year 1947 hour 10 minutes 20 AM.

21. I hereby certify that I attended the deceased from Dec 16 to Dec 26 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction Duration _____

Due to _____

Other conditions no
(Include pregnancy within 3 months of death)

Major findings: Of operations no Of autopsy no

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

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence 12-28-47

(c) Where did injury occur? home (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 0

Signature P. Jones (M. D. or other)

Address Roll, Mo Date signed Jan 28 1948

Date Filed 1-27-48

Deceased Officer No. 9,

DEC 3 1951

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.....

Paul C. Zull....., Registered Apprentice No. 428,
working under my personal supervision.

Signed..... S. C. Zull.....

Licensed Embalmer No. 3394

P. O. Address Roller 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.