

FILED JAN 26 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

183

State File No.

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 74

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 24 days
In this community most of life
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 215 West Indiana
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Phebe M. Brumback

3. (b) If veteran, name war no 3. (c) Social Security No. None

4. Sex female 5. Color or race White 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife George 6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased March 8 1875
(Month) (Day) (Year)

8. AGE: Years 72 Months 10 Days 5 If less than one day hr. min.

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

10. Usual occupation House wife

11. Industry or business at home

MOTHER FATHER { 12. Name John Ahern
13. Birthplace unk Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Mary Stewart
15. Birthplace unk Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Leo Brumback

(b) Address 215 West Indiana, City

17. (a) burial (b) Date thereof 1-15-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director Thomas J. ...

(b) Address St. Joseph, Missouri

19. (a) 1-24-48 (b) E. C. ...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 13
year 1948 hour 9 minute 45 P.M.

21. I hereby certify that I attended the deceased from Dec 19 1947 to Jan 13 1948
that I last saw him W alive on Jan 13 1948
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic myocarditis
Chronic endocarditis
Due to Hypertensive arteriosclerosis
cardio-vascular renal disease
Due to Cirrhosis of liver
Splenomegaly
Other conditions: (Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings: Of operations gms
Of autopsy gms
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) (c) Means of injury

23. Signature W. Grant (M. D. or other)
Address St. Joseph, Mo Date signed 1-14-48

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

Dr. Frank
~~FEB 10 1914~~

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.....

Charles M. Harmon, Registered Apprentice No. *452*
working under my personal supervision.

Signed: *John Roy Stoney*
Licensed Embalmer No. *2435*
P. O. Address *St. Joseph*

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.