FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 26 1948
Registration District No. 42

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18723
Primary Registration District No. 1000
Registrar's No. 685

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

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: Missouri Methodist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: two weeks
In this community: Lifetime at Dekalb (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Buchanan
(c) City or town: DeKalb (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No.: Bloomington Township
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: MELVIN EARL BRUMLEY
3. (b) If veteran, name war: None
3. (c) Social Security No.: None
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Iva
6. (c) Age of husband or wife if alive: 49 years
7. Birth date of deceased: June (Month) 18, (Day) 1900 (Year)

8. AGE:	Years	Months	Days	If less than one day
✓	48	0	2	hr. min.

9. Birthplace: Buchanan Co., (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Farmer Brumley
11. Industry or business: Farm
FATHER
12. Name: Guy T. Brumley
13. Birthplace: Buchanan Co. (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name: Mary E. Dix
15. Birthplace: Buchanan Co., (City, town, or county) Missouri (State or foreign country)
16. (a) Informant: Iva Brumley (wife)
(b) Address: R.F.D. # 1, DeKalb, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6/22/48 (Month) (Day) (Year)
(c) Place: burial or cremation: DeKalb, Mo.
18. (a) Signature of funeral director: John E. Rupp
(b) Address: 6054 Bryor Ave.
19. (a) 6-25-48 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20, year 1948 hour 1 minute :00A. M.
21. I hereby certify that I attended the deceased from 1947 Jan 1947 to date of death 19..., that I last saw him alive on June 19 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of brain	2 mo
Due to: Carcinoma of lung	1 yr.
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations: None. 47B
Of autopsy: none

PHYSICIAN — Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury
23. Signature: Paul Forgrave (M. D. ~~or other~~)
Address: St Joseph Mo Date signed: 6-22-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

MAR 29 1949

NOV 30 1959

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 Grandal R. Stabe, Registered Apprentice No. 213 working under my personal supervision.

Signed John E. Rupp

Licensed Embalmer No. 3986

P. O. Address St. Joseph, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.