

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

32444

State File No.

FILED NOV 10 1948

Registration District No. 7

Primary Registration District No. 4154

Registrar's No. 86

1. PLACE OF DEATH:

(a) County Dade
(b) City or town Greenfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
601 East Water St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
In this community 60 years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dade 29
(c) City or town Greenfield 3
(If outside city or town limits, write "RURAL")
(d) Street No. 704 East Water St 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country No

3: (a) PRINT FULL NAME LEITHA ANN BRUNDRETT

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Henry Brundrett 6. (c) Age of husband or wife if alive XXXX years
7. Birth date of deceased September 2 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 1 29 hr. min.

9. Birthplace No Record Tennessee 1
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business None

12. Name Douglas Dill

13. Birthplace No Record 7
(City, town, or county) (State or foreign country)

14. Maiden name Jane Dill

15. Birthplace No Record 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Rhoda Ellis

(b) Address Greenfield, Mo.

17. (a) Burial (b) Date thereof 11-3-48
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director SAC E. Sensenev Jr.

(b) Address Greenfield, Mo.

19. (a) 11-5-48 (b) Geo. L. Klein
(Date received local registrar) (Registrar's signature) 79

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 31
year 1948 hour 11 minute P. M.

21. I hereby certify that I attended the deceased from 6-1-48 19. to 10/31/48 19.
that I last saw her alive on 10/31/48 19.
and that death occurred on the date and hour stated above.

Immediate cause of death hypertension Duration years
Due to Hypertensive Cardiovascular disease years

Due to Terminal terminal stroke
Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 10/31/48
Of autopsy 10/31/48
PHYSICIAN

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 A. R. Case (M. D. or other) _____
Address Greenfield, Mo. Date signed 11/2/48

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6,

District File Number 1148-1259

Date Filed 11-8-48

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 Sam E. Sencer Jr
Licensed Embalmer No. 4099
P. O. Address Greenfield, 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.