

No. 2
-4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 24517

ED AUG 16 1940

Registration District No. 40

Primary Registration District No. 4024

Registrar's No. 36

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

1. PLACE OF DEATH:
(a) County Barton
(b) City or town Lamar
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 54 yrs
years, months or days

3. (a) PRINT FULL NAME George Brummett 153
3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife Mary Brummett 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 5th, 1851
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
89 3 25 hr. _____ min.

9. Birthplace Nashville, Ind _____
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

MOTHER FATHER { 12. Name Sol Brummett

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

14. Maiden name Easter Marshall

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

16. (a) Informant Mrs Frank Smith

(b) Address Lamar, MO.

17. (a) Burial (b) Date thereof 7-31st-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Nigh Cemetery

18. (a) Signature of funeral director River funeral home
(b) Address Lamar, Mo.

19. (a) 7/31-1940 (b) Mrs Josephine Murphy
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Barton
(c) City or town Lamar
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30th
year 1940 hour 2 minute 20 P. M.

21. I hereby certify that I attended the deceased from July 29
1940, to July 30, 1940
that I last saw him alive on July 29, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis

Due to _____
Due to _____ 131

Other conditions Chronic nephritis
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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?
40 (Specify type of place)

While at work? _____ (e) Means of injury _____

Signature C. E. Duesel (M. D. or other) D.M.
Address Lamar Mo Date signed July 31

1940

District Health Officer No. 6,
District File Number 840-2468
Date Filed AUG 14 1940

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.