S. No. 2
—1-4-41
. 5-17-39
PI X26390

FILED MAY 13 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

16008

State File No.

Registration District No. 821 Primary Registration District No. 4553 Registrar's No.

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

1. PLACE OF DEATH:

(a) County Scott

(b) City or town Sikeston (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) 1

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scott 10.0

(c) City or town Sikeston (If outside city or town limits, write "RURAL") 5

(d) Street No. (If rural, give location) 2

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME William Brunson

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 2

5. Color or race Col

6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Unknown

6. (c) Age of husband or wife if alive years

7. Birth date of deceased April (Month) 15 (Day) 1868 (Year)

8. AGE: Years 73 Months 0 Days 13 If less than one day hr. min.

9. Birthplace Mississippi (City, town, or county) 1 (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Unknown 9
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Lizzie Williams

(b) Address Sikeston, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 (Month) 30 (Day) -41 (Year)

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

18. (a) Signature of funeral director H. Welsh

(b) Address Sikeston, Mo

19. (a) 5-6-1941 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28 year 1941 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from 28 April 1941 to 28 April 1941 that I last saw him alive on Apr 28-41 19 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	3 hrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — 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? 742 (Specify type of place)

While at work? (e) Means of injury

23. Signature Howard M Reed (M. D. or other)

Address Sikeston Mo Date signed 5-3-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 2
District File Number 541-561
Date Filed 5/8/41

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 H J Welsh

Licensed Embalmer No. 774

P. O. Address Sikeston, 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.