DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 15 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28009

Registration District No. 175 | Primary Registration District No. 4104 | Registrar's No. 44

1. PLACE OF DEATH
(a) County: Chariton
(b) City or town: Salisbury (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: 74 yrs (Specify whether years, months or days) In this community:

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Chariton
(c) City or town: Salisbury (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.? Native Mo. years.

3. (a) PRINT FULL NAME: George Brummal
3. (b) If veteran, name war: —
3. (c) Social Security No.: —
4. Sex: M
5. Color or race: Col
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: (Month) (Day) (Year) about 1865
8. AGE: Years: about 74 Months: — Days: — If less than one day: hr. min.
9. Birthplace: (City, town, or county) Salisbury (State or foreign country) Mo
10. Usual occupation: none
11. Industry or business: none
MOTHER FATHER
12. Name: unknown
13. Birthplace: (City, town, or county) (State or foreign country) U
14. Maiden name: Rebecca Botts
15. Birthplace: (City, town, or county) unknown (State or foreign country) U
16. (a) Informant:
(b) Address:
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Aug. 25-'41 (Month) (Day) (Year)
(c) Place: burial or cremation: Salisbury Cem.
18. (a) Signature of funeral director: Geo. [illegible]
(b) Address: Salisbury Mo
19. (a) 8/25/41 (Date received by local registrar) (b) [illegible] M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 30 year 1941 hour 11 PM minute M.
21. I hereby certify that I attended the deceased from Aug 1, 1941, to Aug 30, 1941, that I last saw him alive on Aug 29, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death: [illegible]
Due to: [illegible]
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations:
Of autopsy:

Duration

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? (Specify type of place)
While at work? (e) Means of injury:
23. Signature: [illegible] (M. D. or other)
Address: Salisbury Mo Date signed 8/25/41

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 9-12-41

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 Chas B Winkelmeyer

Licensed Embalmer No. 3842

P. O. Address Salisbury, 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.

V. S. No. 2B
10M—8-21-41
I X29288

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BUREAU OF THE CENSUS

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STANDARD CERTIFICATE OF DEATH

State File No. 28009

Registration District No. 175 Primary Registration District No. 4104 Registrar's No.

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

Salisbury

1. PLACE OF DEATH:
(a) County Chariton
(b) City or town
(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 years, months or days)
In this community

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

3. (a) PRINT FULL NAME George Brummel
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex M
5. Color or race B
6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years about 74 Months Days If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant Maurice Brummell
(b) Address Salisbury Mo
17. (a) (Burial, cremation, or removal) (b) Date thereof 10-22-41 (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) 10-22-41 (Date received local registrar) (Registrar's signature) Geo Hall Lunt MD

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month aug 20 year 1941 hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19, 19; that I last saw him alive on 19; and that death occurred on the date and hour stated above.
Immediate cause of death — Duration
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY