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17-39
X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **28175**

FILED SEP 10 1941

Registration District No. **2447**

Primary Registration District No. **4149**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County **Daviess**
(b) City or town **Coffey**
(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
In this community **most of life** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Daviess** **031**
(c) City or town **Coffey**
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **2**
year **1941** hour **5** minute **30** A.M.
21. I hereby certify that I attended the deceased from **July 15**
1941 to **Aug 2** **1941**
that I last saw him alive on **Aug 1** **1941**
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Chronic myocarditis 7 yrs
Duration _____

Due to _____
Due to **93d**
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?

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature **[Signature]** (M.D. or other) **900**
Address **Coffey Mo** Date signed **8/2/41**

3. (a) PRINT FULL NAME **Chas. Sherman Brumfield**

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

4. Sex **male** 5. Color or race **white**
6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Myrtle Brumfield**
6. (c) Age of husband or wife if alive **59** years

7. Birth date of deceased: **May 6, 1866**
(Month) (Day) (Year)

8. AGE: Years **75** Months **2** Days **26**
If less than one day _____ hr. _____ min.

9. Birthplace: **Missouri. (Co. not Known)** **0**
(City, town, or county) (State or foreign country)

10. Usual occupation **laborer**

11. Industry or business _____

MOTHER FATHER { 12. Name **Apton Brumfield**
13. Birthplace **Missouri** **0**
(City, town, or county) (State or foreign country)
14. Maiden name **Elizabeth Scott**
15. Birthplace **Missouri** **0**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Muttie Brumfield**
(b) Address **Coffey. Mo.**
17. (a) **burial** (b) Date thereof **Aug. 4, 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Coffey Mo. Cem.**

18. (a) Signature of funeral director **[Signature]**
(b) Address **Gallatin Mo.**
19. (a) **Aug 7 1941** (b) **[Signature]**
(Date received by local registrar) (Registrar's signature)

226 (Licensed Embalmer's Statement on Reverse Side)

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

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.....

E. M. Jones

Licensed Embalmer No. *3453*

P. O. Address.....

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

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