DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 16 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32328

Registration District No. 718 Primary Registration District No. 5948 Registrar's No. 39

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

1. PLACE OF DEATH:
(a) County PUTNAM
(b) City or town Wilson Twp Rural
(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 ✓ 1 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Putnam 086
(c) City or town Lemons, Mo 0
(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.? ✓ 0 years.

3. (a) PRINT FULL NAME SARAH Elizabeth Brummett
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex F 1
5. Color or race W
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife William Brummett
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased June (Month) 21 (Day) 1865 (Year)
8. AGE: Years 76 Months 2 Days 26 If less than one day hr. min.
9. Birthplace (City, town, or county) Ill (State or foreign country)
10. Usual occupation Home work
11. Industry or business ✓
FATHER
12. Name Joseph Perry
13. Birthplace (City, town, or county) ✓ (State or foreign country) 9
MOTHER
14. Maiden name Bell Hutton
15. Birthplace (City, town, or county) ✓ (State or foreign country) 9
16. (a) Informant ✓
(b) Address
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 18 41 (Month) (Day) (Year)
(c) Place: burial or cremation Lemons Mo
18. (a) Signature of funeral director F. O. Hu[illegible] & Inc
(b) Address Amonville Mo
19. (a) Sept 22 41 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 17 year 1941 hour 5:55 minute a. M.
21. I hereby certify that I attended the deceased from Sept 20, 1940 to Sept 16, 1941 that I last saw her alive on Sept 16, 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Aortic regurgitation	6 weeks
Due to: Chronic nephritis	10 year
and cerebral hemorrhage	2 year
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

131 F

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 Chas L Judd (M. D. or other) D.O.
Address Pollock, Mo Date signed Sept 18

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 10-41-1774
Date Filed OCT 8 1941

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 F O Husted

Licensed Embalmer No. 2975

P. O. Address Unionville

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

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

No. 2B
—8-21-41
I X29288

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STANDARD CERTIFICATE OF DEATH

State File No. 32328

Registration District No. 718 Primary Registration District No. 5948 Registrar's No.

1. PLACE OF DEATH

(a) County: Putnam

(b) City or town: Rural Wilson
(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: Sarah E. Brummett

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: F

5. Color or race: W

6. (a) Single, widowed, married, divorced: W

6. (b) Name of husband or wife

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

7. Birth date of deceased: June 21 (Month) 1865 (Day) (Year)

8. AGE: Years 76 Months 2 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: James Smith

(b) Address: Jennings, Mo

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) Aug 22, 1941 (Date received local registrar) J. W. Gillum (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept Day
year 1941 hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19;
that I last saw h 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