

Registration District No. 110 1923 3

Primary Registration District No. 3074

Registrar's No. ....

100  
25

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: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 Day  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Walter T. Brunson

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M 1

6. (b) Name of husband or wife Mabel Brunson 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased 7 1888  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
54 0 29 hr. min.

9. Birthplace Stuart Co. Tenn. 1  
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business .....

12. Name George Brunson

13. Birthplace Tenn. 1  
(State or foreign country)

14. Maiden name Fannie Dorr

15. Birthplace Tenn. 1  
(City, town, or county) (State or foreign country)

16. (a) Informant Mabel Brunson

(b) Address Matthews Mo. R.F.D. # 3

17. (a) Burial (b) Date thereof 8/2/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sikeston Mo.

18. (a) Signature of funeral director Hunter Albritton

(b) Address Sikeston Mo.

19. (a) 8-13-42 (b) HO [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid  
(c) City or town Matthews  
(If outside city or town limits, write "RURAL")  
(d) Street No. Rural  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 31  
year 1942 hour 7 minute 0 a.m.

21. I hereby certify that I attended the deceased from 8-1-42 to 7-31-42  
that I last saw him alive on 7-31-42  
and that death occurred on the date and hour stated above.

Immediate cause of death Ischio-rectal abscess  
with gangrene of  
Due to hemorrhoids - 12 weeks

Other conditions 12313  
(Include pregnancy within 3 months of death)

Major findings: Of operations none  
Of autopsy none

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) none  
(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) .....  
Address Sikeston Date signed 7-31-42

1039

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Office No. 2,

District File Number 8 42-1072

Date Filed 8-17-42

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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.....

Embalmed

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*Walter Albertson*

Licensed Embalmer No. 4210

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.