

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED DEC 16 1942

Registration District No. \_\_\_\_\_

Primary Registration District No. 5240

Registrar's No. 79

1. PLACE OF DEATH:  
 (a) County Chariton, Keytesville Twp  
 (b) City or town Keytesville Rural  
 (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 \_\_\_\_\_  
 (Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_  
 years, months or days 10 yrs.

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Mo (b) County Chariton  
 (c) City or town Keytesville Rural  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. on hwy 5 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years 0

8. (a) PRINT FULL NAME Mary Ann Brummell  
 8. (b) If veteran, name war \_\_\_\_\_  
 8. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Nov. day 18  
 year 1942 hour 1 minute 30 A.M.

4. Sex Female 5. Color or race negra 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife Ananias Brummell 6. (c) Age of husband or wife if alive 71 years  
 7. Birth date of deceased Oct 24 1882  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 18, 1941, to November 16, 1942  
 that I last saw her alive on November 17, 1942  
 and that death occurred on the date and hour stated above.

8. AGE: Years 60 Months 0 Days 25  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Pneumonia Duration 1 day  
 Due to "Apoplexy" 18 yrs  
 Due to \_\_\_\_\_

9. Birthplace Greensburg Ky (City, town, or county) (State or foreign country)  
 10. Usual occupation housewife

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_  
 Major findings: Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

11. Industry or business \_\_\_\_\_  
 12. Name Abraham Wilson  
 13. Birthplace Greensburg Ky (City, town, or county) (State or foreign country)  
 14. Maiden name Catherine Groves  
 15. Birthplace Greensburg Ky (City, town, or county) (State or foreign country)

PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.  
Ja!

16. (a) Informant's own signature Catherine Buchanan  
 (b) Address Keytesville Mo  
 17. (a) Burial (b) Date thereof Nov. 20 1942  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation mt Pleasant  
 18. (a) Signature of funeral director James McLaughlin  
 (b) Address Marceline Mo.  
 19. (a) 12/16/42 (b) T. A. Gal...  
 (Date received local registrar) (Registrar's signature)

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 Carl C. Weger (M. D. or other) \_\_\_\_\_  
 Address Keytesville Mo. Date signed 11/21/42

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

Sanct Health Officer No. 3

File Number

12-11-42

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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.....

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

working under my personal supervision.

Signed Blanche McLaughlin

Licensed Embalmer No. 1909

P. O. Address Marceline 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, above space should be left blank.**