

FILED JAN 11 1943

Registration District No. 177

Primary Registration District No. 5422

Registrar's No. 177

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005
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Dunklin

(b) City or town Kennett, Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None
(Specify whether)

In this community Life Time
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin

(c) City or town Kennett, Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 10 Miles S.E. of Kennett
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Genuia Mae Brumley

3. (b) If veteran, name war. No. No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 25th
year 1942 hour 1:00 minute A M.

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife W.E. Brumley

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

7. Birth date of deceased October 28, 1887
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 10-25 1942 to 11-11 1942
that I last saw ER alive on 11-11 1942
and that death occurred on the date and hour stated above.

8. AGE: Years 55 Months 1 Days 26
If less than one day hr. min.

Immediate cause of death Starvation

Due to Ca of Starvation

Due to

9. Birthplace Dunklin County Missouri
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) H6h

10. Usual occupation Housewife

11. Industry or business Home

Major findings: Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

MOTHER FATHER { 12. Name Tommy Moore

{ 13. Birthplace Dunklin County Missouri
(City, town, or county) (State or foreign country)

{ 14. Maiden name Perley Barham

{ 15. Birthplace Unknown Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Williford Lynn

(b) Address Rt. 2 Kennett, Missouri

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof 12/26/1942
(Month) (Day) (Year)

(c) Place: burial or cremation Gregory Semetary

(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?

18. (a) Signature of funeral director Paul S. Moore

(b) Address Seaside, Mo

While at work? (Specify type of place) (e) Means of injury

19. (a) 12/29/42 (Date received local registrar)

(b) Julia Blankinship (Registrar's signature)

23. Signature A. B. Wilson (M. D. or other)

Address Missouri 177p-Kennett Mo Date signed 12/27/42

RECEIVED

District Health Office No. 2,

District File Number 143-6

Date Filed 1-4-43

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.....

R. J. Cross

Licensed Embalmer No. 1497

P. O. Address Senath 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.