

No. 2
4-13-40
5-17-39
I X23159

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

15771

BUREAU OF THE CENSUS
FILED MAY 14 1943

State File No. _____

Registration District No. 271

Primary Registration District No. 6260

Registrar's No. 8

1. PLACE OF DEATH: Webster
 (a) County Webster
 (b) City or town Diggins E Dallas
(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 _____
 years, months or days

2. USUAL RESIDENCE OF DECEASED: 112
 (a) State MISSOURI (b) County Webster
 (c) City or town Diggins
(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 NANCY A. BRUMBACK
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month April day 11
 year 1943 hour 10 minute 10 P. M.

4. Sex FEMALE 5. Color or race White
 6. (a) Single, widowed, married, 2 divorced WIDOW
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
 alive _____ years
 7. Birth date of deceased Nov 18 1863
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 28, 1943, to April 11, 1943
 that I last saw her alive on April 10, 1943
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
79 4 23 hr. min.

Immediate cause of death Bronchitis pneumonia 15 days
 Duration _____

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

Due to old age
 Due to _____

10. Usual occupation Housewife

Other conditions 107
(Include pregnancy within 3 months of death)

11. Industry or business _____
 12. Name Dess Pitchford
 13. Birthplace UNKNOWN 9
(City, town or county) (State or foreign country)
 14. Maiden name JANE ALFORD
 15. Birthplace MISSOURI
(City, town or county) (State or foreign country)

Major findings: Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant MRS Faye Rushing
 (b) Address Diggins Mo
 17. (a) BURIAL (b) Date thereof April-13-43
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Seymour Mo
 18. (a) Signature of funeral director Kelley-Ferrell
 (b) Address Seymour Mo
 19. (a) April 6-43 (b) Lusie O. Beush
(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)
 Means of injury _____
 23. Signature J. R. Kille (M. D. or other) 2 DO
 Address Seymour Mo Date signed 4/11/43

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

112
0
0

RECEIVED

District Health Officer No. 6,

District File Number 543-580

Date Filed MAY 1-2-1943

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

H. K. Kelley

Licensed Embalmer No.

3334

P. O. Address

Raymond 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.