

No. 2  
9-4-41  
5-17-39  
I X29484

DEPARTMENT OF COMMERCE  
Bureau of Census

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

20831

FILED JUN 29 1943

State File No. ....

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 652

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution: St Joseph Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 hrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County DeKalb

(c) City or town Rural Union Star Mo 32  
(If outside city or town limits, write "RURAL")

(d) Street No. 0  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 1

3. (a) PRINT FULL NAME MARILYN-SUE-BRUMM

3. (b) If veteran, name war: \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race white

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

6. (b) Name of husband or wife: \_\_\_\_\_

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

7. Birth date of deceased Aug 24 1934  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

9 9 16 hr. min.

9. Birthplace Buchanan Co Mo 0  
(City, town, or county) (State or foreign country)

10. Usual occupation child

11. Industry or business \_\_\_\_\_

12. Name Wm E Brumm

13. Birthplace Clinton Co Mo 0  
(City, town, or county) (State or foreign country)

14. Maiden name Gladys Moore

15. Birthplace DeKalb Mo 0  
(City, town, or county) (State or foreign country)

16. (a) Informant Mary E Lauring

(b) Address 2020 Main St St Joseph Mo

17. (a) Burial (b) Date thereof 6-13-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Union Chapel

18. (a) Signature of funeral director: J. P. Moore

(b) Address St Louisville Mo

19. (a) 6-11-43 (b) Roe Herzog  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 10 P M.  
year 1943 hour 3 minute \_\_\_\_\_

21. I hereby certify that I attended the deceased from 6-10 to 6-10, 1943  
6-4 to 6-4, 1943

that I last saw her alive on \_\_\_\_\_, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Drown (accidental) Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy none

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) Drown (accidental)

(b) Date of occurrence 6-10-43

(c) Where did injury occur? Union Star DeKalb, Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on a farm, in industrial place, in public place?  
Wading in a creek.  
While at work? Play (Specify type of place) (e) Means of injury drowned

23. Signature Harold J. Brumm (M. D. number) \_\_\_\_\_  
Address St Joseph, Mo. Date signed 6-11-43

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

1255

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

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.