

FILED DEC 13 1943

Registration District No. 1

Primary Registration District No. 5003

Registrar's No. 290

1. PLACE OF DEATH:

(a) County Adair
(b) City or town Rural - Morrow Twp.
(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 Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Adair
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. near Green Castle
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Charles Edward Brundage

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

4. Sex Male 5. Color or race W. 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ethyl Brundage 6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased 11 - 23 - 1887
(Month) (Day) (Year)

8. AGE: Years 55 Months 11 Days 24 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business own farm

12. Name Wm H. Brundage

13. Birthplace Memphis (City, town, or county) Mo. (State or foreign country)

14. Maiden name Mary Cabell

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

16. (a) Informant Ethel L. Brundage

(b) Address Green Castle, Mo.

17. (a) Burial (b) Date thereof 11 - 19 - 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Castle Cem.

18. (a) Signature of funeral director Glenn E. Henderson

(b) Address Green City, Mo.

19. (a) 11/20/43 (b) Mrs. J. Wayman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11th day 19th
year 1943 hour 12:05 minute P. M.

21. I hereby certify that I attended the deceased from Dec 20
19 to Nov-17 1943
that I last saw him alive on 11-10 1943
and that death occurred on the date and hour stated above.

Immediate cause of death HEART DISEASE
Coronary Insufficiency

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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? _____

23. Signature J. C. Schurr (Specify type of place) _____ (a) Means of injury _____ (M.D. or other) _____
Address Green City, Mo. Date signed 11/29/43

Duration

2 yrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 12-42-1916

Date Filed DEC 11 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 Archie W Wade

Licensed Embalmer No. 3037

P. O. Address Green City, 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.