No. 2
-2-43
-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 3 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

10424

State File No.

Registration District No. 3/1944

Primary Registration District No. 1000

Registrar's No. 383

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's Hospital O
(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:

(a) State Missouri (b) County Buchanan 11

(c) City or town St Joseph 7
(If outside city or town limits, write "RURAL")

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

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

If yes, name country O

3. (a) PRINT FULL NAME Clyde Brushwood

3. (b) If veteran, name war World War No 1

3. (c) Social Security No 493-14-7888

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Annie Brushwood

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased August 30 1897 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
46	6	22	hr. min.

9. Birthplace Beverley (City, town, or county) Mo O (State or foreign country)

10. Usual occupation Farming

11. Industry or business

FATHER
12. Name William Brushwood
13. Birthplace (City, town, or county) Mo O (State or foreign country)

MOTHER
14. Maiden name Catharine Barnett
15. Birthplace (City, town, or county) Mo O (State or foreign country)

16. (a) Informant Mrs Annie Brushwood
(b) Address Agency Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 23-44 (Month) (Day) (Year)
(c) Place: burial or cremation Frazier Cem.

18. (a) Signature of funeral director H. A. Sullins
(b) Address Gower Mo

19. (a) 3-23-44 (Date received local registrar) (b) Rose Herzog (Registrar's signature)

1233

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22 year 1944 hour 1 minute 10 A M.

21. I hereby certify that I attended the deceased from March 16, 1944, to March 22, 1944; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Perforated Peptic ulcer	8 ds
Due to Peritonitis General	8 ds
Due to	
Other conditions (Include pregnancy within 3 months of death)	

117a

Major findings:
Of operations Stated above
Of autopsy ✓

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) ✓

(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? ✓ (Specify type of place)

While at work? ✓ (e) Means of injury ✓

23. Signature Gustav [illegible] (M. D. or other) Mr

Address St Joseph Mo Date signed 3/22/44

(Licensed Embalmer's Statement on Reverse Side)

APR 3 1

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 A Sullins

Licensed Embalmer No. 1738

P. O. Address Gower Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.