

S. No. 2
M-8-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2332019
Registrar's No. 115-

FILED AUG 11 1944
Registration District No. 277

Primary Registration District No. 4377

1. PLACE OF DEATH:
(a) County Nodaway
(b) City or town Quitman
(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) 1
(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 Nodaway
(c) City or town Quitman (If outside city or town limits, write "RURAL")
(d) Street No. Quitman (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME HENRY BRUNK
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 28
year 1944 hour 2:00 minute A. M.

4. Sex MALE 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Hattie Galbreath 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 14 1853
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 8, 1944 to July 28, 1944, that I last saw him alive on July 20, 1944, and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
91 0 14 hr. _____ min.

Immediate cause of death Senility
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

9. Birthplace UNKNOWN OHIO
(City, town, or county) (State or foreign country)
10. Usual occupation FARMER

PHYSICIAN/ _____
Underline the cause to which death should be charged statistically.

11. Industry or business FARMING
12. Name John Brunk
13. Birthplace GERMANY (State or foreign country)
14. Maiden name DORNY ERTHNER
15. Birthplace GERMANY (State or foreign country)

16. (a) Informant HARRY BRUNK
(b) Address Quitman, Mo. August 1
17. (a) BURIAL (b) Date thereof July 29-44
(c) Place: burial or cremation White Cloud, Mo.

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? _____

18. (a) Signature of funeral director Campbell Funeral Home
(b) Address 95 S. Main, Maryville, Mo.
19. (a) July 29-44 (b) _____
(Date received local registrar) (Registrar's signature)

23. Signature W. S. Handjeter, M.D.
Address Maryville, Mo. Date signed 7-29-44

1347 (Licensed Embalmer's Statement on Reverse Side)

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

400

MOTHER FATHER

Smegaster

278

10-19

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 *W. Hlean Campbell*

Licensed Embalmer No. *256 20*

P. O. Address *Marshall 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.