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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 16 1944

Registration District No. 110

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28131

Primary Registration District No. 3033

Registrar's No.

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

1. PLACE OF DEATH:
(a) County: LACLEDE
(b) City or town: LEBANON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: WALLACE HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 DAY (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: MO (b) County: LACLEDE
(c) City or town: LEBANON
(If outside city or town limits, write "RURAL")
(d) Street No.: BLAND AVE 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: CHARLA BRUMMELL
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: F
5. Color or race: W
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: APR (Month) 15 (Day) 1940 (Year)

8. AGE: Years 4 Months 3 Days 9 If less than one day hr. min.

9. Birthplace: TROY (City, town, or county) MO (State or foreign country)
10. Usual occupation:
11. Industry or business:
FATHER 12. Name: JE BRUMMELL
13. Birthplace: TROY (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: MARVEL BIBSON
15. Birthplace: TROY (City, town, or county) MO (State or foreign country)
16. (a) Informant: J E Brummell
(b) Address: Lebanon Mo
17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof: 7 25 44 (Month) (Day) (Year)
(c) Place: burial or cremation: TROY MO
18. (a) Signature of funeral director: PALMER'S
(b) Address: LEBANON MO
19. (a) Aug-2-44 (Date received local registrar) (b) Grace Roper (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 24 year 1942 hour 7 minute 15 P.M.
21. I hereby certify that I attended the deceased from April 15, 1944, to July 24, 1944, that I last saw her alive on July 24, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Intestinal Obstruction	3 days
Due to adhesions following	
gangrenous appendix	3 mo
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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: James L Hope, (M. D. or other)
Address: Lebanon Date signed 7/27/44

1690

(Licensed Embalmer's Statement on Reverse Side)

Received .....
Laclede County Health Unit
File No. 7-44-87
Date Filed 8/14/44

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 Allyn Detherage

Licensed Embalmer No. 4333

P. O. Address Lebanon 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.