S. No. 2
M—8-43
5-17-39
PI X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 16 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

591

State File No.

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 1

1. PLACE OF DEATH:

(a) County COLE

(b) City or town JEFFERSON CITY, MO.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
ST. MARY'S HOSPITAL 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 DAY (Specify whether
In this community 35 YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County COLE 26 5

(c) City or town JEFFERSON CITY 4
(If outside city or town limits, write "RURAL")

(d) Street No. 1117 EM MC CARTY 3
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME JENNIE MARGARET BRUEMMER

3. (b) If veteran, name war NOME

3. (c) Social Security No. NONE

4. Sex FEMALE 1

5. Color or race WHITE 2

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

6. (b) Name of husband or wife HERMAN BRUEMMER

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

7. Birth date of deceased JULY 12, 1866 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
80	5	12	hr. min.

9. Birthplace ST. LOUIS, MISSOURI 0
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business

FATHER
12. Name JOHN J. HAYWOOD
13. Birthplace LIVERPOOL, ENGLAND 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name CATHERINE BEKEL 4
15. Birthplace HANOVER GERMANY
(City, town, or county) (State or foreign country)

16. (a) Informant HILDA BRUEMMER

(b) Address JEFFERSON CITY, MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 1/3/47 (Month) (Day) (Year)

(c) Place: burial or cremation RESURRECTION CEMETERY

18. (a) Signature of funeral director Sylvester Dulle

(b) Address JEFFERSON CITY, MO.

19. (a) 1-2-47 (Date received local registrar) (b) R. P. Dorris MD (Registrar's signature) NR

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 1
year 1947 hour 2 minute 40 A. M.

21. I hereby certify that I attended the deceased from Dec 30, 1946, to Jan. 1, 1947
that I last saw her alive on Jan 1, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uremic coma	
Due to arteriosclerotic heart & kidney disease	
Due to Senility	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 130	
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? 0
(Specify type of place)

While at work? (e) Means of injury

23. Signature J. A. Ossman MD (M. D. or other)

Address Jefferson City Mo Date signed 1-2-47

68 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
JAN 8 1947
Date Filed

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 Sylvester Dudley

Licensed Embalmer No. 4321

P. O. Address Jefferson City, M

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.