

No. 2
M-5-43
5-17-39
I X36671

State File No.

FILED JUN 3 1947

Registration District No. 244

Primary Registration District No. 5834

Registrar's No.

1. PLACE OF DEATH:

(a) County Newton

(b) City or town "RURAL" Marion
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Diamond Route #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

In this community 35 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton 73

(c) City or town Diamond "RURAL"
(If outside city or town limits, write "RURAL")

(d) Street No. Route #1
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Jacob Osker BRUMMETT

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Artie G. Brummett

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased December 12 1882
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

64	5	10	hr. min.
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9. Birthplace Princeton, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER

12. Name Burton Brummett

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

14. Maiden name Sarah Wright

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

16. (a) Informant Mrs. Artie G. Brummett

(b) Address Route #1 Diamond, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 24 47
(Month) (Day) (Year)

(c) Place: burial or cremation Powers Cemetery

18. (a) Signature of funeral director Ed. C. Ulmer

(b) Address Carthage, Mo.

19. (a) May-24-1947 (Date received local registrar) (b) Min. Alvin Parnell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22nd. year 1947 hour 11:00 minute A. M.

21. I hereby certify that I attended the deceased from April 18, 1947 to May 20, 1947 that I last saw him alive on May 20, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Small Intestine

Due to _____

Due to H6E

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

Duration _____

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? _____

While at work? _____ (Specify type of place) (c) Means of injury 2

23. Signature C. O. Chester (M.D. or other) 20

Address Granby, Mo. Date signed 5/27/47

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

RECEIVED
District Health Officer No. *Newport*
District File Number *547-107*
Date Filed *5-26-47*

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.....
Gene C. Fugh
Gene. C. Fugh.

Licensed Embalmer No..... *4231*

P. O. Address..... *Carthage, 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.