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5-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 16 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33504

State File No. _____
Registrar's No. 117

Registration District No. 360

Primary Registration District No. 3076

1. PLACE OF DEATH:

(a) County Vernon

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

(c) Name of hospital or institution: Nevada Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community _____ (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon

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

(d) Street No. 1124 West White St.
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME WILLARD BRUNDIDGE

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 8
year 1947 hour 1 minute 40 M.

21. I hereby certify that I attended the deceased from Sept 8
1947 to Sept 8 1947
that I last saw h/ alive on Sept 8, 1947
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: Sept (Month) 8 (Day) 1947 (Year)

Immediate cause of death Premature birth
with 23 wks

Due to Placenta previa
in utero.

Due to _____

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

0 0 0 6 hr. min.

9. Birthplace: Nevada (City, town, or county) Mo. 6 (State or foreign country)

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

Major findings:
Of operations none

Of autopsy none

10. Usual occupation _____

11. Industry or business _____

12. Name Nathaniel W. Brundidge

13. Birthplace Missouri Valley Iowa
(City, town, or county) (State or foreign country)

14. Maiden name Jola K. Roberts

15. Birthplace Vernon Mo. 0
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Nathaniel W. Brundidge

(b) Address 1124 W. White St. Nevada Mo.

17. (a) Burial (b) Date thereof 9-10-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moore's Cemetery

18. (a) Signature of funeral director Allen Stang

(b) Address Nevada Mo.

19. (a) 9-10-47 (b) Nathaniel W. Brundidge
(Date received local registrar) (Registrar's signature)

23. Signature John L. Brundage (M.D. or other)
Address Nevada Mo. Date signed 9-9-47

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

RECEIVED
District Health Officer No. 7,
District Health Officer
Number 8-47-1972
Date Filed 9-15-47

STATE

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 *Allen T. Kaye*
Licensed Embalmer No. *1968*
P. O. Address *Nevada, 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.