

FILED DEC 27 1950

## STANDARD CERTIFICATE OF DEATH

State File No. 43340

BIRTH NO. _____		REG. DIST. NO. 352		PRIMARY REG. DIST. NO. 6186		Registrar's No. 81			
1. PLACE OF DEATH a. COUNTY <u>Taney</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u>				b. COUNTY <u>Taney</u>	
b. CITY OR TOWN <u>rural Rooter</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>rural Rooter</u>		d. STREET ADDRESS (If rural, give location) <u>rural Rooter</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home Rooter</u>									
3. NAME OF DECEASED (Type or Print)			a. (First) <u>MARtha</u>		b. (Middle) <u>ELLEN</u>		c. (Last) <u>BRUMFIELD</u>		
4. DATE OF DEATH		(Month) <u>Dec</u>		(Day) <u>1</u>		(Year) <u>1950</u>			
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Aug 5 1879</u>			
9. AGE (In years last birthday) <u>71</u>		10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>housekeeping</u>		11. BIRTH PLACE (State or foreign country) <u>Missouri</u>			
11. BIRTH PLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Henry Ford</u>		13b. MOTHER'S MAIDEN NAME <u>Jane Collins</u>			
14. NAME OF HUSBAND OR WIFE <u>E. A. Brumfield</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>E. A. Brumfield</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>General arteriosclerosis</u>		DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>Nov 27<sup>th</sup></u> , 19 <u>49</u> , to <u>Dec 1<sup>st</sup></u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Nov 27<sup>th</sup></u> , 19 <u>49</u> , and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE <u>Henry Edward</u> (Degree or title)				23b. ADDRESS <u>Springth, Mo</u>		23c. DATE SIGNED <u>Dec 14 - 50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-4-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Johnson Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Keiser Mills, Mo</u>			
DATE REC'D BY LOCAL REG. <u>Dec. 16 - 1950</u>		REGISTRAR'S SIGNATURE <u>S E Cogswell</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Cobb</u>		ADDRESS <u>Farmers, Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

DIVISION OF HEALTH OF MO.  
District No. 5 - Springfield

RECEIVED DEC 18 1950

Dist. File 1250-2524

Date Filed 12-21-50

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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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed Walter S. Cobb

Licensed Embalmer No. 4731

P. O. Address Joseph, 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.