

DEC'D FEB 20 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1127
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1002
 (c) City Kansas City (d) Street No. 4224 Wyoming St.
 (e) Length of residence in city or town where death occurred 50 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 1402. PRINT FULL NAME Sophia M. Brink

(a) Residence, No. 4224 Wyoming St.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 11, 19395A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Brink

22. I HEREBY CERTIFY, That I attended deceased from Jan 9, 1939 to Jan 10, 1939
 I last saw her alive on Jan 10, 1939 Death is said to have occurred on the date stated above, at 3 p. m.
 The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 10, 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 1 1

The principal cause of death and related causes of importance were as follows:

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

Arterio-sclerosis
(Ch. Bright's Disease)
(Cardio Renal)
 Date of onset 131

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweden

Other contributory causes of importance:
hypocompensated Heart
Emphysema

13. NAME Carl Ahlstrom14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweden15. MAIDEN NAME Hedwig Bengtson16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweden17. INFORMANT (ADDRESS) John E. Brink
4224 Wyoming18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE 1-13, 193919. FUNERAL DIRECTOR (NAME) (ADDRESS) Gates Funeral Home
Kansas City, Kansas20. FILED Jan 12, 1939 M. M. Browne
Local Registrar.

Name of operation _____ Date of _____

What test confirmed diagnosis? phy. findings Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____(Signed) Stephen C. Brown, M.D.(Address) 203 West 10th St.

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.