

No. 2
11-10-39
5-1-1940
I

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **42355**

JAN 13 1941

Registration District No. **258**

Primary Registration District No. **5361**

Registrar's No. **13**

2

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

1. PLACE OF DEATH:

(a) County Dekalb (Rural) Sherman TOWN.

(b) City or town _____

(c) Name of hospital or institution: _____

(If not in hospital or institution, write street number or location)

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

In this community 10 years (Specify whether)

years, months or days 2

3. (a) PRINT FULL NAME Anna E. Brinton

3. (b) If veteran, name war _____

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Edw Brinton

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased May 11 1877

(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>63</u>	<u>7</u>		hr. _____ min. _____

9. Birthplace Buchanan County Mo

(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name William Watson

13. Birthplace Unknown

(City, town, or county) (State or foreign country)

14. Maiden name Eliza Brinton

15. Birthplace Unknown

(City, town, or county) (State or foreign country)

16. (a) Informant J. M. Brinton

(b) Address Helena Mo.

17. (a) Burial _____ (b) Date thereof Dec. 15 40

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Star Cem.

18. (a) Signature of funeral director Lucile M. Wilson

(b) Address King City Mo.

19. (a) Dec 18-1940 (b) Mrs C M Davis

(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Dekalb

(c) City or town (Rural) Sherman Town.

(If outside city or town limits write "RURAL")

(d) Street No. About 5 miles east Of Helena

(If rural, give location) Mo

(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 13

year 1940 hour 7 minute PM M.

21. I hereby certify that I attended the deceased from Dec 2 191940 Dec 13 1940

that I last saw her alive on Dec 12 1940

and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia

Duration 10 days

Due to _____

Due to _____

Other conditions 107 W

(Include pregnancy within 3 months of death)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: None

Of operations _____

Of autopsy _____

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? 233 (Specify type of place)

(e) Means of injury _____

23. Signature E M Reynolds (M. D. or other) 1

Address Thuron Mo 740 Date signed 12/16/40

Please sign and
mail to Mrs Davis
Chickadee with
note inside.
Lee

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.....

Lucile M. Wilson

Licensed Embalmer No.

2870

P. O. Address King City 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, above space should be left blank.