

No. 2
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17-39
X21482

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10432

APR 10 1941

Registration District No. 213

Primary Registration District No. 3014

Registrar's No. 80

1. PLACE OF DEATH:

(a) County Polk

(b) City or town Jefferson City

(c) Name of hospital or institution: St. Marys
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days (Specify whether years, months or days)

3. (a) PRINT FULL NAME HENRY BRINKMAN

8. (b) If veteran, name war _____ **8. (c) Social Security** No. _____

4. Sex MALE **5. Color or race** WHITE

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

6. (b) Name of husband or wife ANNAL BRINKMAN **6. (c) Age of husband or wife if alive** _____ years

7. Birth date of deceased OCT - 13 - 1873
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>67</u>	<u>16</u>	<u>1</u>	hr. _____ min.

9. Birthplace MT. STERLING, MO.
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business _____

MOTHER FATHER

12. Name FRED W. BRINKMAN

13. Birthplace BOY, MO.
(City, town, or county) (State or foreign country)

14. Maiden name BLINNE

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

16. (a) Informant CLEVANCE BRINKMAN

(b) Address PERSHING, MO.

17. (a) Burial (Burial, cremation, or removal) **(b) Date thereof** 3-14-41
(Month) (Day) (Year)

(c) Place: burial or cremation Funerary Home

18. (a) Signature of funeral director MORTON FUNERAL HOME

(b) Address Linn, Mo.

19. (a) 3/13/41 **(b)** D. B. ...
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Osage 76

(c) City or town Pershing 0
(If outside city or town limits, write "RURAL")

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13
year 1941 hour 12 minute 50 A.M.

21. I hereby certify that I attended the deceased from Mar. 10 1941 to Mar 13 1941
that I last saw and alive on Mar. 13 1941
and that death occurred on the date and hour stated above.

Immediate cause of death: Perforated Gastric ulcer
Peritonitis from
Cholelithiasis
Coronary Disease

Due to _____

Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations: Perforated ulcer
Of autopsy: Cholelithiasis
Coronary & Thyroid

Underline the cause to which death should be attributed.

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) (e) Means of injury _____

23. Signature D. Assman (M. D. or other) MD

Address Jefferson City The Date signed 3-13-41

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

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 Vernon M. Morton

Licensed Embalmer No. 4125

P. O. Address Linn, 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.