V. S. No. 2
DM—9-4-41
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 22 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20504

Registration District No. 1 Primary Registration District No. 200 Registrar's No. 175

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

1. PLACE OF DEATH:

(a) County Adair
(b) City or town Gibbs, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 25 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair 1 0
(c) City or town Gibbs, Mo. 0
(If outside city or town limits, write "RURAL")
(d) Street No. Gen. Delivery
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Laura B. Brillhart
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female
5. Color or race White 1
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife Robert M. Brillhart
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July 6 (Month) 1861 (Day) (Year)

8. AGE: Years 81 Months 10 Days 24 If less than one day hr. min.

9. Birthplace Hoopeston (City, town, or county) Ill. 1 (State or foreign country)
10. Usual occupation Housekeeper
11. Industry or business Domestic
FATHER
12. Name John Padgett
13. Birthplace Hoopeston (City, town, or county) Ill. 1 (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Hoopeston (City, town, or county) Ill 1 (State or foreign country)
16. (a) Informant Mrs. L. B. Hayward
(b) Address Gibbs, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/1/42 (Month) (Day) (Year)
(c) Place: burial or cremation Maple Hill
18. (a) Signature of funeral director Davis Funeral Home
(b) Address Kirksville, Mo.
19. (a) June 10, 1942 (Date received local registrar) Mrs. J. L. Wayner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30
year 1942 hour 10 minute 30 A.M.
21. I hereby certify that I attended the deceased from Nov. 11, 1937, 19 to May 30, 1942
that I last saw him alive on Dec. 11, 1941
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic myocarditis	1937
Due to Arteriosclerosis	
Due to	
Other conditions Chronic nephritis (Include pregnancy within 3 months of death)	1937

Major findings:
Of operations 1318
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

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?
(Specify type of place)
While at work? (e) Means of injury 0
23. Signature Spencer L. Freeman, M.D. (Mr. or Mrs. or other)
Address Kirksville, Mo. Date signed 6/1/42

1049

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 7-42-1462
Date Filed JUL 21 1942

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 Keith Collier

Licensed Embalmer No. 3632

P. O. Address Kirksville 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.