

FILED JAN 13 1943
 Registration District No. 62

Primary Registration District No. 1000

Registrar's No. 1228

1. PLACE OF DEATH:
 (a) County Buchanan
 (b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
2317 South 6th St
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution none
(Specify whether)
 In this community 50 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Buchanan
 (c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
 (d) Street No. 2317 South 6th St
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country

3. (a) PRINT FULL NAME William Franklin Brinker
 3. (b) If veteran, name war none 3. (c) Social Security No. 1

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month December day 24
 year 1942 hour 5 minute 9 A. M.

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Alice 6. (c) Age of husband or wife if alive 63 years
 7. Birth date of deceased May 9, 1869
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov-9
1942 to Dec 24 1942
 that I last saw him alive on Dec 23 1942
 and that death occurred on the date and hour stated above.

8. AGE: Years 73 Months 7 Days 15 If less than one day
hr. min.

Immediate cause of death Carcinoma - prostate
 Duration ?

9. Birthplace Woodstock, Virginia
(City, town, or county) (State or foreign country)

Due to
 Due to

10. Usual occupation retired steamfitter

Other conditions generalized arteriosclerosis
(Include pregnancy within months of death)

11. Industry or business
 12. Name unknown
 13. Birthplace unknown 9
(City, town, or county) (State or foreign country)
 14. Maiden name unknown
 15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

Major findings: 518
 Of operations
 Of autopsy

16. (a) Informant Mrs Alice Brinker
 (b) Address 2317 South 6th St
 17. (a) Burial (b) Date thereof 12-26-42
(Burial, cremation, or removal) (Month) (Day) (Year)

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?

(c) Place: burial or cremation Agency Mr
 18. (a) Signature of funeral director Tracy Barry Funeral
218 South 10th St
 (b) Address
 19. (a) 12-26-42 (b) Rose Ferguson
(Date received local registrar) (Registrar's signature)

Home 518
(Specify type of place)
 While at work?
 (c) Means of injury
 23. Signature W. O. Clark MD (M. D. or other) MD
 Address 518 South 10th St Date signed 12-24-42

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

11
 7

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 Victor J. Barry

Licensed Embalmer No. 04212

P. O. Address St 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.