V. S. No. 2
DOM—8-43
ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

27666

State File No.

FILED SEP 4 1946

Registration District No. 14 Primary Registration District No. 3038 Registrar's No. 96

1. PLACE OF DEATH:

(a) County LINN

(b) City or town Brookfield (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 822 LINCOLN STREET (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community 7 weeks

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston

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

(d) Street No. General Delivery (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME ADA ALSINDA RINEHART

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex FEMALE

5. Color or race White

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

6. (b) Name of husband or wife JOHN. R.

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

7. Birth date of deceased JAN. (Month) 23 (Day) 1861 (Year)

8. AGE: Years 85 Months 7 Days 1 If less than one day hr. min.

9. Birthplace UNKNOWN — (City, town, or county) WISCONSIN (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business

MOTHER FATHER

12. Name JOHN BRYANT

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

14. Maiden name UNKNOWN —

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

16. (a) Informant MRS - Robert H. NEWMAN

(b) Address BROOKFIELD, MISSOURI

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 8-27-46 (Month) (Day) (Year)

(c) Place: burial or cremation Edgewood Cemetery

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

(b) Address Chillicothe, MO —

19. (a) 8/25/46 (Date received local registrar) (b) Walter B. Emery (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 24 year 1946 hour 11 minute 20 A.M.

21. I hereby certify that I attended the deceased from July 17, 1946, to Aug 24, 1946, that I last saw her alive on July 25, 1946, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: acute myocarditis	few minutes
Due to: arterial hypertension	several years
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings: Of operations: 930

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 —

23. Signature H. H. Potter (M. D. or other) 90

Address Brookfield Mo. Date signed 8-24

(Licensed Embalmer's Statement on Reverse Side)

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

DISTRICT HEALTH
Cameron

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 Elton F. Norman

Licensed Embalmer No. 4036

P. O. Address Chillicothe, 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.