S. No. 2
M—2-43
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I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 25 1947

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

37855

State File No.

Registration District No. 132 Primary Registration District No. 5474 Registrar's No.

1. PLACE OF DEATH:

(a) County GRUNDY

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

(c) Name of hospital or institution: R.F.D.# 2 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether

In this community 1 day years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CLAY 24

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

(d) Street No. NONE 0 (If rural, give location)

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

If yes, name country —

3. (a) PRINT FULL NAME JOYCE JEAN BRINNEN

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 SINGLE

6. (b) Name of husband or wife

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

7. Birth date of deceased AUGUST (Month) 9 (Day) 1945 (Year)

8. AGE: Years 2 Months 2 Days 16 If less than one day — hr. — min.

9. Birthplace SEATON (City, town, or county) ILLINOIS (State or foreign country)

10. Usual occupation Child

11. Industry or business —

FATHER
12. Name MONROE BRINNEN
13. Birthplace BRIMSON (City, town, or county) MISSOURI (State or foreign country)

MOTHER
14. Maiden name LELA MEIN
15. Birthplace SPICKARD (City, town, or county) MISSOURI (State or foreign country)

16. (a) Informant Monroe Brinnen

(b) Address Birmingham

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof OCT. 27 1947 (Month) (Day) (Year)

(c) Place: burial or cremation SALEM.

18. (a) Signature of funeral director Rayne A Dawson

(b) Address Trenton Mo.

19. (a) 10-27-47 (Date received local registrar) (b) Irene Faur (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 25 year 1947 hour minute 8:30 P.M.

21. I hereby certify that I attended the deceased from Oct 25, 1947, to Oct 25, 1947 that I last saw her dead alive on Oct 25, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Congenital Heart Disease

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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 2

23. Signature F. B. Bailey (M. D. or other) DO

Address Jamesport Mo. Date signed 10-29-47

(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 Walter E. Meyer, Registered Apprentice No. 458, working under my personal supervision.

Signed Lafayette A. Dean

Licensed Embalmer No. 3424

P. O. Address Trenton 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.