S. No. 2
M—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 10 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37433

Registration District No. 231 Primary Registration District No. 4346 Registrar's No.

1. PLACE OF DEATH:
(a) County Montgomery
(b) City or town Montgomery
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: County Infirmy 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 yr (Specify whether
In this community 20 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Montgomery 10 1
(c) City or town Montgomery 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Cora D. Brigham
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F 1
5. Color or race W
6. (a) Single, widowed, married, divorced W 2
6. (b) Name of husband or wife Frank A. Brigham "Decd"
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May 10 th 1866 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
82	6	27	hr. min.

9. Birthplace Detroit Mich (City, town, or county) (State or foreign country) 1
10. Usual occupation Home
11. Industry or business
FATHER
12. Name John Doing 4
13. Birthplace Ireland (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Martha Scott
15. Birthplace New Jersey (City, town, or county) (State or foreign country) 1
16. (a) Informant Records
(b) Address Montgomery City Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-9-48 (Month) (Day) (Year)
(c) Place: burial or cremation New Florence Cemetery
18. (a) Signature of funeral director C. W. Hopkins
(b) Address Montgomery City Mo
19. (a) 12-9-48 (Date received local registrar) (b) Vivian J. Spires (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 7 th year 1948 hour 9 minute 30 p M.
21. I hereby certify that I attended the deceased from October, 1948, to Dec 7, 1948 that I last saw her alive on Dec 6, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: myocardial degeneration	2 wks
Due to Chronic myocarditis	15 yrs
Due to Chronic interstitial nephritis	10 yrs
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
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 2
23. Signature Alfred Arsdale (M. D. or other) DO
Address Montgomery City Mo Date signed 12-8-48

(Licensed Embalmer's Statement on Reverse Side)

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~~ on the 7 day of Dec 1947, Registered Apprentice No. ....., working under my personal supervision.

Signed A W Haldin

Licensed Embalmer No. 1487

P. O. Address Monty Ames City 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.