

Registration District No. 85

Primary Registration District No. 1001

Registrar's No. 807

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:  
Mo. Me. Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 days  
In this community 37 yrs. 2 mo. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Andrew  
(c) City or town Rosendale Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

8. (a) PRINT FULL NAME Glenn Ulysses Brinson 652

3. (b) If veteran, name war: \_\_\_\_\_ 3. (c) Social Security No. 493-14-5519

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Vera Brinson 6. (c) Age of husband or wife if alive 27 years

7. Birth date of deceased. 4 20 1907  
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
<u>33</u>	<u>3</u>	<u>5</u>	hr. _____ min. _____

9. Birthplace Andrew County Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation W.P.A. Comon

11. Industry or business \_\_\_\_\_

12. Name John Brinson

18. Birthplace un known Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Maude Curtis  
(City, town, or county) (State or foreign country)

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

16. (a) Informant's own signature Vera Brinson

(b) Address Rosendale Mo.

17. (a) Burial (b) Date thereof 7 28 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lower neeley Grove

18. (a) Signature of funeral director E. C. Breit

(b) Address Savannah Mo.

19. (a) July 26 1940 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 25  
year 1940 hour II minute 45 P., M.

21. I hereby certify that I attended the deceased from July 22, 1940 to July 25, 1940  
that I last saw him alive on July 25, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Acute Gangrenous appendicitis  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Duration

3 days

Other conditions General Peritonitis  
(Include pregnancy within 8 months of death)

Major findings: Acute Broncho Pneumonia

Of operations Appendectomy

Of autopsy none

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) no

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? none  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? no (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other)

Address [Address] Date signed 7/25/40

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FEB 3 1949

FEB 14 1949

FEB 16 1949

FEB 24 1949

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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 E. C. Breit

Licensed Embalmer No. 2650

P. O. Address Savannah

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, above space should be left blank.