

FILED OCT 18 1940

Registration District No. 273

Primary Registration District No. 5411

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Franklin

(b) City or town Rural Boles Twp.
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution 2
years, months or days (Specify whether)

In this community 7
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Franklin

(c) City or town Rural Boles Twp.
(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.

3. (a) PRINT FULL NAME Dorothy G. Lake Brink

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 2
year 1940 hour 1 minute 20 A.M.

4. Sex Female

5. Color or race W

6. (a) Single, widowed, married, divorced 5

6. (b) Name of husband or wife ✓

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

7. Birth date of deceased Nov. 17 1925
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug. 22 - 1940 to Sept. 2 1940
that I last saw her alive on Sept. 1 - 1940
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

14 9 16 hr. _____ min.

Immediate cause of death Acute Edema of Lungs -
Due to _____

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

Due to Nausea & Pharyngitis
with tubercula Holloger

10. Usual occupation House work -

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business Cooking -

MOTHER FATHER

12. Name William Lake Brink

13. Birthplace Valla Ridge Mo
(City, town, or county) (State or foreign country)

14. Maiden name Edwina Oberholtzer

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

Major findings: 10

Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Wm Lake Brink

(b) Address Robertsville Mo

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

17. (a) Burial (b) Date thereof 9-4-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's Cemetery

(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? 2610
While at work? _____ (Specify type of place)
_____ (Specify means of injury)

18. (a) Signature of funeral director Shepherd Fisher

(b) Address St. Clair Mo

19. (a) 9-3-40 (b) Mary B. Cross
(Date received local registrar) (Registrar's signature)

23. Signature W. E. Tolker (M. D. or other) _____
Address St. Clair Mo Date signed 9/2/40

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

6

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.....

Sherwood Kitchell....., Registered Apprentice No.....
working under my personal supervision.

Signed *Sherwood Kitchell*.....

Licensed Embalmer No. *3873*

P. O. Address *St Clair M*

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.