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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 8 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41210

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 4603

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

1. PLACE OF DEATH:

(a) County Jackson

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

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

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

In this community 3½ Yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Johnson

(c) City or town Merriam Ks (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 Thomas J Brinton

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Mary Jane

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

7. Birth date of deceased May 3 1868 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
72	6	28	hr. min.

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

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name George Brimton
13. Birthplace Agency Mo (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Margaret Gilmore
15. Birthplace Agency Mo (City, town, or county) (State or foreign country)

16. (a) Informant Lola Oliphant

(b) Address Merriam Kans

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

(c) Place: burial or cremation Maple Hill Cem

18. (a) Signature of funeral director Simmons Funeral Home

(b) Address 1404 So 37 KCK

19. (a) 12-3-40 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 1 year 1940 hour 4:00 minute P M.

21. I hereby certify that I attended the deceased from 11/30, 1940, to 12/1, 1940 that I last saw him alive on 12/1, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Pulmonary Edema	1 day
Due to Acute & Chronic cardiac infarcts	
Due to Coronary arteriosclerosis General arteriosclerosis and hypertension	
Other conditions (Include pregnancy within 3 months of death) 94B	

Major findings:
Of operations
Of autopsy Same as above

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 P J Clonnall (M. D. or other)

Address 810 Medical Arts Bldg Date signed 12/3-40

(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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.