

No. 2  
4-13-40  
5-17-39  
P1 X23159

MAR 11 1941 318  
Registration District No.

Primary Registration District No. 2001

39  
2  
6

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

1. PLACE OF DEATH:  
(a) County GREENE  
(b) City or town Springfield  
(c) Name of hospital or institution BURG Hospital  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community CHARLES  
years, months or days

3. (a) PRINT FULL NAME FRED BRINKMAN JR.  
3. (b) If veteran, name war none  
3. (c) Social Security No. none

4. Sex male  
5. Color or race white  
6. (a) Single, widowed, married, divorced single  
6. (b) Name of husband or wife none  
6. (c) Age of husband or wife if alive XX years  
7. Birth date of deceased July 20 - 1940  
(Month) (Day) (Year)

8. AGE: Years 10 Months 6 Days 18  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Unknown Mo. 13  
(City, town, or county) (State or foreign country)

10. Usual occupation Infant at home

11. Industry or business at home

12. Name Fred C. Brinkman  
13. Birthplace Unknown Mo D  
(City, town, or county) (State or foreign country)

14. Maiden name Magie Ellis  
15. Birthplace Unknown Ark. 1  
(City, town, or county) (State or foreign country)

16. (a) Informant Fred C. Brinkman  
(b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof Feb 9 - 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Maple Park Cemetery

18. (a) Signature of funeral director W. E. Naudley  
(b) Address Springfield, Mo.

19. (a) Feb 9 - 1941 (b) W. E. Naudley  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County Greene 39  
(c) City or town Springfield 2  
(d) Street No. 1851 N. Newton 6  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Feb day 8  
year 1941 hour 8 minute 00 P. M.  
21. I hereby certify that I attended the deceased from 2-7-1941 to 2-8-41  
that I last saw him alive on 2-8-41  
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia  
primary cause  
Due to \_\_\_\_\_

Due to 107  
Other conditions Bronchial asthma  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? at home  
(e) Means of injury \_\_\_\_\_  
Signature W. E. Naudley (M. D. or other) Dr.  
Address Springfield, Mo. Date signed 6-10-41

**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..... *Warren D. Noblett* .....

Licensed Embalmer No. *4005*

P. O. Address..... *Springfield 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.**