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

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 12 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17794

Registration District No. 318 Primary Registration District No. 2001 Registrar's No. 371

1. PLACE OF DEATH:

(a) County GREENE

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

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

(d) Length of stay: In hospital or institution 2 hrs. (Specify whether

In this community 8 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Greene 39

(c) City or town Springfield (If outside city or town limits, write "RURAL") 2 6

(d) Street No. 841 - N - Weaver (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME EFFIE BRINKLY MIMS

3. (b) If veteran, name war No.

3. (c) Social Security No. none

4. Sex F. 3

5. Color or race Negro

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

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased Sept (Month) 24 (Day) 1893 (Year)

8. AGE: Years 47 Months 7 Days 7 If less than one day hr. min.

9. Birthplace Little Rock Ark (City, town, or county) (State or foreign country)

10. Usual occupation Domestic

11. Industry or business

FATHER
12. Name Andrew Brinkley
13. Birthplace Little Rock Ark (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sarah Unknown
15. Birthplace Little Rock Ark (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Helen Cooperwood

(b) Address 4824 - Calumet - Chi - Ill

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 - 5 - 41 (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Memorial

18. (a) Signature of funeral director H. V. Smith

(b) Address 702 - N - Jefferson - City

19. (a) 5 5 41 (Date received local registrar) (b) W. E. Handley MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1 year 1941 hour 5.45 minute P. M.

21. I hereby certify that I attended the deceased from ~~5-19~~ 3-19-41, 1941, to 5-1-41, 19 ; that I last saw her alive on 5-1-41, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral apoplexy	6 hrs.
Due to Cerebral Hemorrhage Hypertension	
Due to	
Other conditions Influenza (3-19-41) (Include pregnancy within 3 months of death)	2 wks

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

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

Address 10 20 Sherman Date signed

(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 H. V. Smith Registered Apprentice No. ..... working under my personal supervision.

Signed H. V. Smith

Licensed Embalmer No. 3324

P. O. Address 702 N. Jefferson

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.