

FILLED AUG 10 1941

State File No.

2514

Registration District No. 399

Primary Registration District No. 1002

Registrar's No.

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:
5331 Highland
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 3 years 1 month! (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 5331 Highland
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Laura Brinker

3. (b) If veteran, name war --- 3. (c) Social Security No. ---

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

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

7. Birth date of deceased October 5, 1864
(Month) (Day) (Year)

8. AGE: Years 76 Months 8 Days 25 If less than one day hr min.

9. Birthplace Newton County (City, town, or county) (State or foreign country) unk 1

10. Usual occupation At Home

11. Industry or business.....

MOTHER FATHER { 12. Name John Brinker
13. Birthplace No Record (City, town, or county) (State or foreign country) 9
14. Maiden name Mary Moster
15. Birthplace No Record (City, town, or county) (State or foreign country) 9

16. (a) Informant Sister Camille
(b) Address 5331 Highland

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/3/41 (Month) (Day) (Year)

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

18. (a) Signature of funeral director J. H. O. ...
(b) Address.....

19. (a) 7-3-41 (Date received local register) (b) M. M. Crown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30 year 1941 hour 10 minute 2 M.

21. I hereby certify that I attended the deceased from over 1940 19 June 29, 1941 that I last saw her alive on June 29, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Artery Disease Duration

Due to Hypertension

Due to Spinal Meningitis more than 4 yrs ago
Date unknown

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations..... Of autopsy no 9/4/41

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?

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature John T. Spemmer (M. D. or other) MD
Address 4902 Bryant Bldg Date signed 6/30/41

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

748
3
8

048
3
8

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.....

Harold V. Perry

Licensed Embalmer No.....

4097

P. O. Address.....

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.