

FILED NOV 5 1941  
Registration District No. 87

Primary Registration District No. 3007

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

1. PLACE OF DEATH:

(a) County Butler  
(b) City or town Poplar Bluff, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution Brandon Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 days  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Stoddard  
Butler 103  
(c) City or town Poplar--Bluff, Dexter 3  
(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 Jefferson Brentlinger

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

4. Sex Male race White 5. Color or \_\_\_\_\_ 6. (a) Single, widowed, married, divorced, Married

6. (b) Name of husband or wife Kittie Brentlinger 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased July, 7 1875  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>66</u>	<u>3</u>	<u>7</u>	hr. _____ min. _____

9. Birthplace Buchel Ky  
(City, town, or county) (State or foreign country)

10. Usual occupation Dentist

11. Industry or business Dental

MOTHER FATHER

12. Name Benjuman Brentlinger

13. Birthplace Buchel Ky  
(City, town, or county) (State or foreign country)

14. Maiden name May Jane Yates

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

16. (a) Informant B. J. Brentlinger

(b) Address Dexter, Mo.

17. (a) Burial (b) Date thereof Oct. 16, 41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dexter, Mo.

18. (a) Signature of funeral director Watkins Funeral Service (Specify type of place) \_\_\_\_\_ (c) Month of injury \_\_\_\_\_

(b) Address Dexter Mo

19. (a) 10-29-41 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 14  
year 1941 hour 10 minute 15 P M.

21. I hereby certify that I attended the deceased from Oct. 10 1941 to Oct. 14 1941;  
that I last saw him alive on October 14 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Cardiac Dilatation Duration 10-14-41

Due to Cardiac Decompensation 8/15/41

Due to Chronic Myocarditis 3/20-41

Other conditions Pulmonary Edema 10-6-41  
(Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_  
Of autopsy: \_\_\_\_\_  
932  
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? \_\_\_\_\_

23. Signature [Signature] (M. D. or D. O. C.) \_\_\_\_\_  
Address Poplar Bluff, Missouri Date signed 10/15/41

RECEIVED

District Health Office No. 2,

District File Number 1141-1458

Date Filed 11/3/46

**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

*Wallace W. Fitch*

Licensed Embalmer No. 3859

P. O. Address

*Poplar Bluff, 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, above space should be left blank.**