

FILLED DEC 4 1941  
Registration District No. 135

Primary Registration District No. 3010

Registrar's No. 118

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

1. PLACE OF DEATH:

(a) County Carroll  
(b) City or town Carrollton CITY  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
in this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Carroll  
(c) City or town Carrollton  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1  
(If rural, give location)  
(e) Citizen of foreign country? 1 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Minnie Brinker

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

4. Sex 73 5. Color or race Col. 6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years

7. Birth date of deceased Sept. 22 1872  
(Month) (Day) (Year)

8. AGE: Years 69 Months 1 Days 28 If less than one day  
hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Adam Hutchinson

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

14. Maiden name Mary Ellen Hutchinson

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

16. (a) Informant Ed Harrison

(b) Address Carrollton Mo.

17. (a) Burial (b) Date thereof 11-23-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill

18. (a) Signature of funeral director Stanley

(b) Address Carrollton Mo.

19. (a) 11-23-41 (b) With Haskins  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 20  
year 1941 hour 11 minutes 50 M.

21. I hereby certify that I attended the deceased from September 26  
1940, to November 20, 1941;  
that I last saw him alive on November 19, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 14 months

Due to 43!

Other conditions Uterine tumor (fibroid) ?  
(Include pregnancy within 3 months of death)

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?

While at work \_\_\_\_\_ (Specify type of place) Means of injury 0

23. Signature Wm H. Pugh M.D. (M. D. or other)  
Address Carrollton, Missouri Date signed 11-23-41

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 12-3-41

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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.....

*Ben W. Gibson*

Licensed Embalmer No.....

2961

P. O. Address.....

*Carrollton, Va.*

**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.**