

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED APR 8 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11694

Registration District No. 713712

Primary Registration District No. 5441

Registrar's No. 25

1. PLACE OF DEATH:

(a) County Pulaski
(b) City or town Swedeberg 2 miles from
(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 Life (Specify whether
in this community Life
years, months or days)

3. (a) PRINT FULL NAME Samuel Brickey

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
(b) Name of husband or wife Deceased 6. (c) Age of husband or wife if alive years
7. Birth date of deceased September 9 1857
(Month) (Day) (Year)

8. AGE: Years 84 Months 6 Days 5 If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business

MOTHER FATHER { 12. Name William Brickey
13. Birthplace Unknown / Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Hills
15. Birthplace Unknown /
(City, town, or county) (State or foreign country)

16. (a) Informant O.H. Brickey
(b) Address Swedeberg, Missouri

17. (a) Burial (b) Date thereof 3-5-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elm Grove Cemetery

18. (a) Signature of funeral director R. J. Jumper
(b) Address Richland, Missouri

19. (a) 3-9-1942 (b) Chas. M. O'Connell
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pulaski
(c) City or town Swedeberg
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? 5 (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3
year 1942 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from Mar. 3, 1942 to Mar. 3, 1942
that I last saw him alive on Mar. 3, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia, labor
Due to Cardio-vascular
renal disease 3 yrs.
Due to

Other conditions (include pregnancy within 5 months of death)

Major findings: Of operations 108

Of autopsy

Duration 2 days

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 C. M. Smith (M. D. or other)
Address Crane, Mo. Date signed 3-5-42

RECEIVED

Pulaski County Health Officer

File Number 342-114

Date Filed 3-15-42

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.....

Licensed Embalmer No.....

P. O. Address.....

Not Embalmed

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.