S. No. 2
M—5-42
v. 5-17-39
I X328

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 14 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 27132

Registration District No. ~~348~~ 628

Primary Registration District No. 2000

Registrar's No. 572

39
2
6

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: St. Johns Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 4 days (Specify whether years, months or days)

In this community: 4 days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Greene

(c) City or town: Walnut Grove, ~~Missouri~~ (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: Annie Brim

3. (b) If veteran, name war: None

3. (c) Social Security No.: Unknown

4. Sex: Female

5. Color or race: W

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: John Allen Brim

6. (c) Age of husband or wife if alive: 77 years

7. Birth date of deceased: July, 2nd., 1865 (Month) (Day) (Year)

8. AGE: Years: 77 Months: 1 Days: 0 If less than one day: hr. min.

9. Birthplace: Near Indianapolis (City, town, or county) Ind (State or foreign country)

10. Usual occupation: Housekeeper

11. Industry or business: Housekeeping

MOTHER FATHER

12. Name: William Nelson Bradshaw

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

14. Maiden name: Sarah L. Faust

15. Birthplace: Unknown ~~Ohio~~ Pennsylvania (City, town, or county) (State or foreign country)

16. (a) Informant: J. A. Brim

(b) Address: Walnut Grove, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Aug. 5th 1942 (Month) (Day) (Year)

(c) Place: burial or cremation: Greenlawn Cemetry

18. (a) Signature of funeral director: Geve A. Bonn

(b) Address: Walnut Grove, Missouri

19. (a) 8-3-1942 (Date received local registrar) (b) S. W. Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: August day: 2nd year: 1942 hour: 10 minute: 45 p.m.

21. I hereby certify that I attended the deceased from August, 1st, 1941 to August, 2nd, 1942 that I last saw her alive on August, 2nd, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death: Arterio-sclerosis of cerebral vessels with cerebral softing.

Due to: Generalized arterio-sclerosis

chronic Myocarditis

Due to:

Other conditions: diabetis Mellites (Include pregnancy within 3 months of death)

Duration

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: G. Terrell (M. D. or other)

Address: S. Springfield Missouri Date signed: 8-3-42

984 (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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed J W Birch

Licensed Embalmer No. 3856

P. O. Address Ash Grove, 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, fact should be so stated above.