S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 17 1943

Registration District No. 17

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24226

Primary Registration District No. 5030

Registrar's No. 20

1. PLACE OF DEATH:

(a) County: Atchison

(b) City or town: rural Tarkio Twp. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: / -- (If not in hospital or institution, write street number or location)

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

In this community: life

2. USUAL RESIDENCE OF DECEASED: 3

(a) State: Missouri (b) County: Atchison 0

(c) City or town: Tarkio rural 0 (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: 0

3. (a) PRINT FULL NAME: Ida L. Nora Brinegar

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: mar

6. (b) Name of husband or wife: Binis Brinegar

6. (c) Age of husband or wife if alive: 48 years

7. Birth date of deceased: October (Month) 9 (Day) 1896 (Year)

8. AGE: Years 46 | Months 8 | Days 26 | If less than one day ____ hr. ____ min.

9. Birthplace: Tarkio (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation: housewife

11. Industry or business: ____

FATHER
12. Name: Daniel Shaw
13. Birthplace: ____ (City, town, or county) Wisconsin (State or foreign country)

MOTHER
14. Maiden name: Martha Viola Jackson
15. Birthplace: ____ (City, town, or county) Iowa (State or foreign country)

16. (a) Informant: Binis Brinegar
(b) Address: Tarkio, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 7/7/43 (Month) (Day) (Year)
(c) Place: burial or cremation: Tarkio Home Cemetery

18. (a) Signature of funeral director: Davis Funeral Home
(b) Address: Tarkio, Mo.

19. (a) July 12 1943 (Date received local registrar) (b) Mrs H. D. Cunningham (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5 year 1943 hour 2 minute 00 p.m.

21. I hereby certify that I attended the deceased from June 30, 1943 to July 5, 1943 that I last saw he alive on July 4, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Uremia — Duration: 7 wk

Due to: Staghorn stones of — 10 yrs

Due to: both renal pelves

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

Major findings:
Of operations: 34 a
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: H. E. Bauman (M. D. or other) M.D.

Address: Tarkio, Mo. Date signed: 7/9/43

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(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. M. Davis.....

Licensed Embalmer No.....2394.....

P. O. Address.....Tarkio, Missouri.....

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.