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17-39  
X28390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

35994  
State File No.

NOV 15 1943

Registration District No. 381

Primary Registration District No. 45160

Registrar's No.

1. PLACE OF DEATH:

(a) County Sullivan

(b) City or town Milan

(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: Two months (Specify whether years, months or days)

In this community Two months

2. USUAL RESIDENCE OF DECEASED:

(a) State Wisconsin County 999

(c) City or town Milwaukee 47

(If outside city or town limits, write "RURAL")

(d) Street No. 0 (If rural, give location)

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

If yes, name country 21

3. (a) PRINT FULL NAME Myrtle Alice Brink

3. (b) If veteran, name war —

3. (c) Social Security No. —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 29 year 1943 hour 7 minute 45 P. M.

21. I hereby certify that I attended the deceased from Aug. 27 1943 to Oct. 11 1943 that I last saw her alive on Sept. 22 1943 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

6. (a) Name of husband or wife Lee Brink 6. (b) Single, widowed, married, divorced, Widowed

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

7. Birth date of deceased October 1, 1876 (Month) (Day) (Year)

Immediate cause of death inflammation  
leucina and of colon with  
lower vertebrae.

Duration several  
months

8. AGE: Years 66 Months 11 Days 28

If less than one day hr. min.

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

10. Usual occupation at home

11. Industry or business

12. Name Henry Thompson

13. Birthplace David Co. Mo. (City, town, or county) (State or foreign country)

14. Maiden name Jane

15. Birthplace David Co. Mo. (City, town, or county) (State or foreign country)

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 462

Major findings: Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Mr. Rob Ash

(b) Address Milan, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 1, 1943 (Month) (Day) (Year)

(c) Place: burial Oakwood, Milan

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) (e) Means of injury

18. (a) Signature of funeral director Frank D. Schaefer

(b) Address Milan, Mo.

19. (a) Nov. 5 43 (Date received local registrar) (b) W. D. Green (Registrar's signature)

23. Signature J. S. Montgomery (M. D. or other)

Address Milan, Mo. Date signed Sep 30/43

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

MOTHER FATHER

1190

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 10

District File Number 11-43-1897

Date Filed NOV 12 1949

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 Frank D. Schwen

Licensed Embalmer No. 2066

P. O. Address Milan, Ill.

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.