

Registration District No. 53 Primary Registration District No. 5186

1. PLACE OF DEATH:  
(a) County Cape Girardeau  
(b) City or town Rural, Randolph  
(c) Name of hospital or institution: Route 1  
(d) Length of stay: In hospital or institution 61 yrs  
In this community 61 yrs

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri, County Cape Girardeau  
(c) City or town Cape Girardeau  
(d) Street No. Route 1  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME GEORGE BRINKMAN  
3. (b) If veteran, name war.  3. (c) Social Security No.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month April day 19 year 1944 hour 3 minute - P M.

4. Sex Male race White  
6. (b) Name of husband or wife Rennie  
7. Birth date of deceased Oct 4 1875

21. I hereby certify that I attended the deceased from Aug 31<sup>st</sup> 1943, to April 19<sup>th</sup> 1944, that I last saw him alive on April 18<sup>th</sup> 1944 and that death occurred on the date and hour stated above.

8. AGE: Years 68 Months 5 Days 15

Immediate cause of death: Cerebral hemorrhage. Duration 3 mos.

9. Birthplace: Murphersboro Mo

Due to: arterial hypertension second cerebral hemorrhage 6 days

10. Usual occupation Farmer

Due to: arterial hypertension

11. Industry or business  
12. Name August Brinkman  
13. Birthplace Germany  
14. Maiden name Christina Laves  
15. Birthplace Germany

Other conditions: (Include pregnancy within 3 months of death) gba  
Major findings: Of operations: \_\_\_\_\_  
Of autopsy: \_\_\_\_\_

16. (a) Informant Mrs Rennie Brinkman  
(b) Address Cape Girardeau Mo  
17. (a) Burial (b) Date thereof 4-21-44  
(c) Place: burial or cremation Egypt Mo

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? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

18. (a) Signature of funeral director G. L. Howell  
(b) Address Cape Girardeau Mo  
19. (a) 5-3-44 (b) G. W. Phelps

23. Signature: G. W. Phelps (M. D. or other) Address: Cape Girardeau, Mo. Date signed 4/25/44

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

6  
0  
0

RECEIVED

District Health Officer No. 4

District File Number 544-379

Date Filed 5-8-44

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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 *E. H. Estes*.....

Licensed Embalmer No. *3568*.....

P. O. Address *Cape Girardeau*.....

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.