S. No. 2
M—5-42
r. 5-17-39
P I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 9 1945

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9634

Registration District No. 123 Primary Registration District No. 5458 Registrar's No. 35

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Walnut Grove Walnut Gr. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether years, months or days) In this community 79 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene 39
(c) City or town Walnut Grove (If outside city or town limits, write "RURAL") 0
(d) Street No. (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John Allen Brim
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Male
5. Color or race White
6. (a) Single, married, widowed, divorced Widowed
6. (b) Name of husband or wife Annie Lenora Bradshaw
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April (Month) 28 (Day) 1865 (Year)

8. AGE: Years	Months	Days	If less than one day
79	10	28	hr. min.

9. Birthplace Polk County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Merchant
11. Industry or business Hdwe Implements
FATHER
12. Name Robert C. Brim
13. Birthplace Tenn (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Elizabeth Chandler
15. Birthplace Polk County (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Dene A. Brim
(b) Address Walnut Grove Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 29 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Greenlawn Cemetery
18. (a) Signature of funeral director Dene A. Brim
(b) Address Walnut Grove Mo
19. (a) 3/29/1945 (Date received by local registrar) (b) Nelson L. Murray (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26 year 1945 hour 8 minute 40 A.M.
21. I hereby certify that I attended the deceased from March 26 1945 to March 26 1945 that I last saw him alive on March 26 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Apoplexy	
Due to High Blood Pressure	
Due to Senility	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 8301	
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 J. E. Brown M.D. (M. D. or other)
Address Walnut Grove Mo Date signed 3/29/45

1245

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Greene County Health Office
County File Number 45-4-35
Date Filed 4-9-45

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 Guice A. Brown

Licensed Embalmer No. 2664

P. O. Address Walnut 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.