. S. No. 2
0M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 2 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 16625

Registration District No. 72 Primary Registration District No. 5289 Registrar's No. 34

1. PLACE OF DEATH:

(a) County Clay

(b) City or town #8 Galliatin Twp (If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution (Specify whether In this community years, months or days) 15 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Clay

(c) City or town #8 North Kansas City Mo (If outside city or town limits, write "RURAL")

(d) Street No. #8 North Kansas City Mo (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME William Edgar Brink

3. (b) If veteran, name war

3. (c) Social Security No. 487-03-2452

4. Sex M

5. Color or race Wht

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

6. (b) Name of husband or wife Daisy Brink

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased March (Month) 17 (Day) 1879 (Year)

8. AGE: Years 66 Months 1 Days 16 If less than one day hr. min.

9. Birthplace Platte Co (City, town, or county) Mo (State or foreign country)

10. Usual occupation Walbash Elevator

11. Industry or business Walbash Elevator

FATHER
12. Name William Henry Brink
13. Birthplace Platte Co (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Mary Ellen Jamerson
15. Birthplace (City, town, or county) Ky (State or foreign country)

16. (a) Informant Mrs Daisy Brink

(b) Address #8 North Kansas City Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 15 45 (Month) (Day) (Year)

(c) Place: burial or cremation Mt Moriale

18. (a) Signature of funeral director Morton Funeral Home

(b) Address North Kasas City Mo

19. (a) May 14 1945 (Date received local registrar) (b) Ruth N Henry (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13 year 1945 hour 7 minute 15 P.M.

21. I hereby certify that I attended the deceased from Aug, 1944 to May, 1945 that I last saw him alive on May 10, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Chr Myocarditis

Due to Hypertension

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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 O. L. Pate (M. D. or other)

Address North Kansas City, Mo Date signed 5/14/45

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number.....
Date Filed 6/1/45

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 John S Morton
Licensed Embalmer No. 4349

P. O. Address.....

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.