

STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED SEP 14 1945  
Registration District No. 353

Primary Registration District No. 6203

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County TEXAS

(b) City or town ROCKWELL CURRENT  
(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 \_\_\_\_\_)  
In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County TEXAS 107

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

(d) Street No. 7 MI. NORTH SUMMERSVILLE  
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME THOMAS ARTHUR BRIM

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 23  
year 1945 hour 01 minute \_\_\_\_\_ P.M.

21. I hereby certify that I attended the deceased from JULY 1  
1945 to Aug 23, 1945  
that I last saw him alive on AUG 22, 1945  
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced 1

6. (b) Name of husband or wife Lillian Jane Brim 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased MAY 21 1874  
(Month) (Day) (Year)

Immediate cause of death Apoplexy

Due to arterial Hypertension

Due to Intestinal Neoplasm

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

8. AGE: Years 71 Months 3 Days 2 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace MORGAN MO  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business \_\_\_\_\_

12. Name Dorothy S Brim

13. Birthplace MISSI  
(City, town, or county) (State or foreign country)

14. Maiden name MORGAN MO  
(City, town, or county) (State or foreign country)

15. Birthplace MORGAN MO  
(City, town, or county) (State or foreign country)

16. (a) Informant Jane Brim

(b) Address Summersville

17. (a) Funeral (b) Date thereof Aug 24 1945  
(Funeral, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Antioch, Arkansas

18. (a) Signature of funeral director None

(b) Address \_\_\_\_\_

19. (a) Aug 25 1945 (b) Mrs. Paul L. Perry  
(Date of filing local registrar) (Registrar's signature)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature Do (M. D. or other) \_\_\_\_\_  
Address Summersville Date signed Aug 24

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

**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. *Not embalmed*

Signed.....

Licensed Embalmer No.....

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.**

*Mrs Paul Kelly*