

S. No. 2
M-8-43
v. 5-17-39
X37823

State File No.

Registrar's No. 8

FILED JAN 22 1946
Registration District No. 251

Primary Registration District No. 3048

1. PLACE OF DEATH:

(a) County Nodaway

(b) City or town Maryville
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Francis Hospt
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution, 12 hours
(Specify whether years, months or days)

In this community 22 yrs
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Atchison 3

(c) City or town Tarkio 2
(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 --

3. (a) PRINT FULL NAME ALBERT KELSO BRENNER

(b) If veteran, name war World war 2

(c) Social Security No. 495-10-8782

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 8th
year 1946 hour 6 minute 10 a. M.

21. I hereby certify that I attended the deceased from Jan 7 1946 to Jan 8 1946;
that I last saw him alive on Jan 7 1946;
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced mar

(b) Name of husband or wife Virginia I. Brenner 6. (c) Age of husband or wife if alive 21 years

7. Birth date of deceased June 14 1913
(Month) (Day) (Year)

Immediate cause of death acute intracranial hemorrhage.

Due to probably rupture

Due to aneurysm

Other conditions 830
(Include pregnancy within 3 months of death)

8. AGE: Years 32 Months 6 Days 24 If less than one day hr. min.

9. Birthplace Berne Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation day labor

11. Industry or business carpenter and electric

12. Name A.K. Brenner

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

14. Maiden name Ora Essa Carson

15. Birthplace Biglow Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Carson Brenner

(b) Address Tarkio, Mo.

17. (a) burial (b) Date thereof Jan 10, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Home Cemetery

18. (a) Signature of funeral director Davis Funeral Home
(b) Address Tarkio, Mo.

19. (a) Jan 14/46 (b) Beas Holt
(Date received local registrar) (Registrar's signature)

Major findings:
Of operations spinal puncture bloody.

Of autopsy none

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury car

23. Signature H. E. Bairman (M. D. # ###)
Address Fairfax, Mo. Date signed 1/11/46

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

1683

209

Received
Dist. Health Office
1-21-45

FEB 9 1945

JAN 23 1945

NOV 8 1945

APR 22 1946

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

Geo M. Davis

Licensed Embalmer No. 2394

P. O. Address Tarkio, 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.