

V. S. No. 2
 00M-5-43
 Rev. 5-17-39
 I X36671

Robt. Simpson

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 26271

FILED SEP 4 1946

Registration District No. 38

Primary Registration District No. 5720

Registrar's No. 205

1. PLACE OF DEATH:

(a) County Boone
 (b) City or town Murry Columbia Township
(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 70 Years (Specify whether years, months or days)
 In this community 70 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME DAISY DEAN BRINK

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Charles W. Brink 6. (c) Age of husband or wife if alive 12 - 17 - 1875 years
 7. Birth date of deceased 12 - 17 - 1875
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>8</u>	<u>0</u>	hr. min.

9. Birthplace Boone County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER

12. Name Auburn Hoffman
 13. Birthplace Boone County Missouri
(City, town, or county) (State or foreign country)
 14. Maiden name Elizabeth Turner
 15. Birthplace Boone County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Charles W. Brink
 (b) Address Murry, Mo.

17. (a) Burial (b) Date thereof 8-19-46
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Parsons Funeral Service
 (b) Address Columbia, Mo.

19. (a) 8-21-46 (b) Mrs R. E. Palmer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone 10
 (c) City or town Murry 0
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 17
 year 1946 hour 8 minute 20 A. M.

21. I hereby certify that I attended the deceased from July 15
 1946 to August 17 1946
 that I last saw her alive on Aug 5 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Electronic myocarditis
 Due to 50
 Due to Carcinoma of right breast
(Include pregnancy within 3 months of death)
 Other conditions inoperable
 Major findings: Of operation not done
 Of autopsy not done

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 _____

23. Signature Robert H. Simpson (M. D. or other) 0
 Address: 506 Cherry St, Columbia Mo Date signed Aug 20, 1946

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

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer [No. 9]
District File Number 9-46-76
Date Filed 9-3-46

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 Thas L. Turing
Licensed Embalmer No. 4132
P. O. Address Columbia, 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.