

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39746
Registrar's No. 1451

FILED JAN 13 1947
Registration District No. 42

Primary Registration District No. 4052

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

1. PLACE OF DEATH:
 (a) County Buchanan
 (b) City or town Agency, Mo.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Agency, Mo.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution...
Life (Specify whether years, months or days)

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

3. (a) PRINT FULL NAME James Finis Brinton
 3. (b) If veteran, name war No
 3. (c) Social Security No. None
 4. Sex Male
 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Maude Brinton
 6. (c) Age of husband or wife if alive 66 years
 7. Birth date of deceased December 13 1876
(Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Dec. day 29
 year 1946 hour 8 minute 35 P. M.
 21. I hereby certify that I attended the deceased from Jan 1-46
 _____, 19____, to 12-29, 1946
 that I last saw him alive on 12-26, 1946
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
75 0 16 hr. min.

Immediate cause of death Coronary fibrillation Duration 1 yr.
 Due to _____
 Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)

9. Birthplace: Agency Missouri
(City, town, or county) (State or foreign country)

PHYSICIAN
 Underline the cause to which death should be charged statistically.
 Major findings:
 Of operations 95A
 Of autopsy _____

10. Usual occupation Retired Farmer
 11. Industry or business Farming
 12. Name Bryant Brinton
 13. Birthplace Unknown Kentucky
(City, town, or county) (State or foreign country)
 14. Maiden name Emily McCrary
 15. Birthplace Unknown Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. James F. Brinton
 (b) Address Agency, Mo.

22. If death was due to external causes, fill in the following:
 (c) 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? _____

17. (a) Burial (b) Date thereof 1/1/47
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Agency, Mo. Cemetery

(Specify type of place)
 While at work? _____ (e) Means of injury _____

18. (a) Signature of funeral director Walter B. Gale + Bowman
 (b) Address St. Joseph, Mo.
 19. (a) 1-4-47 (b) W. B. Jenkins
(Date received local registrar) (Registrar's signature)

23. Signature: H. W. Kearby M.D. (M. D. or other) _____
 Address St. Joseph Mo. Date signed 12-20-46

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,
 , Registered Apprentice No.
working under my personal supervision.

Signed Eugene Wood
Licensed Embalmer No. 3804
P. O. Address 314 South St Joseph, 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.