

S. No. 2
M-8-43
7-5-17-39
I X37823

2036

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JAN 21 1947

Registration District No. 275

Primary Registration District No. 5938

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Phelps

(b) City or town Jerome *Arlington Gap*
(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 Missouri (b) County Phelps

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

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Margie Ann Brinkley

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 10
year 1947 hour 9 minute 45 A.M.

21. I hereby certify that I attended the deceased from 1-1-
1947 to 1-9 1947
that I last saw her alive on 1-9 1947
and that death occurred on the date and hour stated above.

4. Sex Female / 5. Color or race White

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

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

7. Birth date of deceased 6 20 1943
(Month) (Day) (Year)

Immediate cause of death Symphathic Leukemia

Due to _____

Due to _____

8. AGE: Years Months Days If less than one day

3	6	20	_____ hr. _____ min.
---	---	----	----------------------

Other conditions Sepsis (Generalized)

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name Ira Brinkley, Jr.

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

14. Maiden name Josephine Wagoner

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

16. (a) Informant Ira Brinkley, Jr.

(b) Address Jerome Missouri

17. (a) Burial (b) Date thereof 1-12-47
(Burial, cremation, or removal) (Month) (Day) (Year)

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 R. O. Hewitt (M. D. or other) DO
Address Waynesville, Mo Date signed 1-12-47

(c) Place: burial or cremation Pillman Cemetery

18. (a) Signature of funeral director Fred H. Gilbert

(b) Address Dixon Missouri

19. (a) 1-13-47 (b) Nadine L. Stoll
(Date received local registrar) (Registrar's signature)

380 (Licensed Embalmer's Statement on Reverse Side)

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.....

Was Not Embalmed *Except Timed Only* - Registered Apprentice No.
working under my personal supervision.

Signed *Fred W. Gilbert*

Licensed Embalmer No. *2341*

P. O. Address *Dixon 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.