S. No. 2
OM—2-43
v. 5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 3 1947

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3957

Registration District No. 42 | Primary Registration District No. 1000 | Registrar's No. 268

1. PLACE OF DEATH:

(a) County: Buchanan

(b) City or town: St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri Methodist Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 1½ hours (Specify whether years, months or days)

In this community: 21 yrs-10 mos-20 days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Buchanan 11

(c) City or town: St. Joseph 8
(If outside city or town limits, write "RURAL")

(d) Street No.: 611 Sycamore St 0
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country:

3. (a) PRINT FULL NAME: Joseph James Bringus

3. (b) If veteran, name war: W. W. #2

3. (c) Social Security No. 486-24-9018

4. Sex: Male 0

5. Color or race: white

6. (a) Single, widowed, married, divorced: divorced 3

6. (b) Name of husband or wife:

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

7. Birth date of deceased: March 25, 1925 (Month) (Day) (Year)

8. AGE: Years 21 | Months 10 | Days 20 | If less than one day: hr. min.

9. Birthplace: St. Joseph, Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation: Laborer

11. Industry or business: Armour & Company

FATHER
12. Name: Emilo Bringus
13. Birthplace: Mexico 3 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Rosa Belle Ferguson
15. Birthplace: Trenton Missouri 0 (City, town, or county) (State or foreign country)

16. (a) Informant: Emilo Bringus
(b) Address: 611 Sycamore St, St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2-18-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt Olivet Cemetery

18. (a) Signature of funeral director: Barry Funeral Home
(b) Address: St. Joseph, Mo.

19. (a) 2-28-47 (Date received local registrar) (b) E. B. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 15 year 1947 hour 3 minute A M.

21. I hereby certify that I attended the deceased from Feb 15th 47 Viewed, 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Injuries received in an Auto Collision — Duration

Due to:

Due to:

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

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): Accident 11
(b) Date of occurrence: Feb 15th 1947
(c) Where did injury occur? Rural Buchanan County (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place (Specify type of place)
While at work? No (e) Means of injury: Auto

23. Signature: B. W. Todlock Coroner (M. D. or coroner)
Address: King Hill Bldg St. Joseph, Mo. Date signed: 2/15/47

382 (Licensed Embalmer's Statement on Reverse Side)

call - with O. M. Rhude

Ja[illegible]

MAR 6 1947

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 Victor Barry

Licensed Embalmer No. 4212

P. O. Address 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.