FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED SEP 13 1948
Registration District No. 785

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4301

State File No. 26944

Registrar's No. 21

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

1. PLACE OF DEATH:

(a) County: Linn

(b) City or town: Meadville
(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 years, months or days)
In this community: 10 months

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Lewis 56

(c) City or town: LaGrange 7
(If outside city or town limits, write "RURAL")

(d) Street No. 6
(If rural, give location)

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

3. (a) PRINT FULL NAME: Elizabeth Brinkman

3. (b) If veteran, name war ____

3. (c) Social Security No. ____

4. Sex: Female /

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widowed 2

6. (b) Name of husband or wife: Henry Brinkman

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

7. Birth date of deceased: July (Month) 15 (Day) 1869 (Year)

8. AGE: Years 79 | Months 1 | Days 15 | If less than one day ____ hr. ____ min.

9. Birthplace: La Grange, Missouri (City, town, or county) 0 (State or foreign country)

10. Usual occupation: At Home

11. Industry or business ____

FATHER
12. Name: unknown 9
13. Birthplace ____ (City, town, or county) ____ (State or foreign country)

MOTHER
14. Maiden name: unknown 9
15. Birthplace ____ (City, town, or county) ____ (State or foreign country)

16. (a) Informant: Mrs. Esther German
(b) Address: Meadville, Missouri

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 8-30-48 (Month) (Day) (Year)
(c) Place: burial or cremation: La Grange, Missouri

18. (a) Signature of funeral director: Norman Funeral Home
(b) Address: Chillicothe, Missouri

19. (a) Aug 30-1948 (Date received local registrar) (b) Chris A. Martens (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG. day 30 year 1948 hour 1 AM minute ____ M.

21. I hereby certify that I attended the deceased from AUG 3, 1948, to AUG. 28, 1948; that I last saw he alive on AUG 28, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocardial failure	
Chronic nephritis	
Due to: Hypertension	
Pulmonary edema	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations: 13 B
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) ____
(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: S. H. Hanson (M.D. or other) MD
Address: Meadville Mo. Date signed 8-30-48

(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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. Elton F. Norman

Licensed Embalmer No. 4036

P. O. Address. Chillicothe, Missouri.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.