No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 18 1948

Registration District No. 143

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4557

State File No. 32758

Registrar's No. 74

1. PLACE OF DEATH:
(a) County HOWELL
(b) City or town POMONA (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 28 YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County HOWELL 46
(c) City or town POMONA (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MALISSA JANE BRINSON
3. (b) If veteran, name war —
3. (c) Social Security No. —

4. Sex female 1
5. Color or race white
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife Geo Andrew BRINSON
6. (c) Age of husband or wife if alive years
7. Birth date of deceased OCTOBER (Month) 14, (Day) 1861 (Year)

8. AGE: Years 86 Months 10 Days 28 If less than one day hr. min.

9. Birthplace EAUDEVIE, (City, town, or county) Mo. (State or foreign country)
10. Usual occupation NONE
11. Industry or business

FATHER
12. Name ALVIS COOK
13. Birthplace (City, town, or county) TENN. (State or foreign country) 1

MOTHER
14. Maiden name HARRIETT JENKINS
15. Birthplace (City, town, or county) UNKNOWN (State or foreign country) 9

16. (a) Informant MRS. HARRIETT BUSH
(b) Address POMONA, Mo.
17. (a) Burial EPPS CEM. (Burial, cremation, or removal) (b) Date thereof SEPT. 14, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation HOWELL Co. Epps. Cem. DRY CREEK TWP.
18. (a) Signature of funeral director Hal Thornburgh
(b) Address West Plains, Mo.
19. (a) 9/14/48 (Date received local registrar) (b) Marshalle Ballard (Registrar's signature) 387

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT. day 12, year 1948 hour 5: minute P. M.

21. I hereby certify that I attended the deceased from May, 1940, to Sept 12, 1948; that I last saw her alive on Sept 6, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Thrombosis	9-5-48
Due to General & Cerebral Arteriosclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 635	
Of autopsy	

PHYSICIAN
Underline the cause of 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) 15
While at work? (e) Means of injury

23. Signature E. C. Bohrer (M. D. or other) M.D.
Address West Plains, Mo. Date signed 9-17-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 10-11-48
District Health Officer No. 5,
District File Number 104863
Date Filed 10-14-48

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 Hal Thornburgh

Licensed Embalmer No. 3408

P. O. Address West Plains, 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.