

Registration District No. 336

Primary Registration District No. 6175

Registrar's No.

1. PLACE OF DEATH:

(a) County SHANNON
(b) City or town RURAL CASTO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 9 MI. NORTH SUMMERVILLE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 30 days
In this community 30 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County SHANNON
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. 9 MI. NORTH SUMMERVILLE
(If rural, give location)
(e) Citizen of foreign country? No
If yes, name country

3. (a) PRINT FULL NAME OLIVE HEVICA BRIMM

3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced, ~~married~~
6. (b) Name of husband or wife JAMES S. BRIMM 6. (c) Age of husband or wife if alive 78 years
7. Birth date of deceased Jan 22 1863
(Month) (Day) (Year)

8. AGE: Years 84 Months 1 Days 26 If less than one day hr. min.

9. Birthplace Gilmore Co. Ga.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name Benjamin J. Steel
13. Birthplace Ga. 1
(City, town, or county) (State or foreign country)
14. Maiden name Hanna Ray
15. Birthplace Ga. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs C. E. Murfin

(b) Address Summersville, Mo

17. (a) Burial (b) Date thereof 3-21-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Hope Solo

18. (a) Signature of funeral director Gaylord V. Elliott

(b) Address Houston, Mo

19. (a) 47047 (b) Mable Ralston
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAR day 18
year 1947 hour 7 minute P.M.

21. I hereby certify that I attended the deceased from Feb 2
1947 to MAR 16 1947
that I last saw her alive on MAR 16 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial pneumonia
Due to Influenza
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)
(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?
While at work? (Specify type of place) (e) Means of injury I
23. Signature Dr. Edwin H. Smith (M. D. or other) Do
Address Summersville Date signed MAB

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.....

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

Signed Frank E. Wood

Licensed Embalmer No. 4026

P. O. Address Houston, 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.