

FILED MAY 8 1944

1. PLACE OF DEATH:

(a) County Pettis  
(b) City or town Sedalia  
(c) Name of hospital or institution: Bothwell Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 hours  
In this community 35 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis  
(c) City or town Springfork, Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Rural  
(If rural, give location)  
(e) Citizen of foreign country? / (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Julia Brinjes

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

6. (b) Name of husband or wife John Brinjes 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased October 24 1865  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
78 5 27 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business Home

12. Name Herman Finland

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

14. Maiden name Regina Saber

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

16. (a) Informant Rose W. Kaley

(b) Address 617 Welber

17. (a) Burial (b) Date thereof 4/21/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director McLaughlin Bros.

(b) Address Sedalia, Missouri

19. (a) 4-21-44 (b) Mrs. Anna Buyer  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19th 1944  
year \_\_\_\_\_ hour 8.15 minute P M.

21. I hereby certify that I attended the deceased from evening \_\_\_\_\_, 19\_\_\_\_, to April 19th 1944, that I last saw her alive on April 19th 1944, and that death occurred on the date and hour stated above.

Immediate cause of death Perforated Gastric Ulcer - 24 hours

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions Chronic myocarditis, Decompensated  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations None  
Of autopsy None

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence no  
(c) Where did injury occur? no  
(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)  
23. Signature Dr. B. Carlisle M.D. (M. D. or other)  
Address Sedalia, Mo. Date signed 4-21-44

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

Carlsale

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

5-5-44

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 L. F. Parker

Licensed Embalmer No. 3840

P. O. Address Sedalia, 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.