

FILED MAR 12 1946

Registration District No. 117

Primary Registration District No. 5436

State File No.

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Laclede  
(b) City or town Bay (Boulware) - Rural  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 11 - 1st  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community Lifetime years, months or days

3. (a) PRINT FULL NAME ANNA MARIA 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  
6. (b) Name of husband or wife Francis Brinkman 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased December 26 1864 (Month) (Day) (Year)

8. AGE: Years 81 Months 1 Days 11 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housework

11. Industry or business

12. Name B. Sunderwirth  
13. Birthplace Germany (City, town, or county) (State or foreign country)  
14. Maiden name not known  
15. Birthplace not known (City, town, or county) (State or foreign country)

16. (a) Informant Severy Brinkman

(b) Address Bay, Mo.

17. (a) Burial (b) Date thereof 2 10 1946 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sethel Presby. Ch. Bay Mo.

18. (a) Signature of funeral director Nesford H. W. White

(b) Address Richmerville Mo.

19. (a) 2/9/46 (b) Mrs Roy Dehaeperkotten (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Laclede 37  
(c) City or town Bay (If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location) 0  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 7 year 1946 hour 9 minute 45 A.M.

21. I hereby certify that I attended the deceased from Jan 1 1946 to Feb 7 1946  
that I last saw her alive on Feb 7 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Cirrhosis of Liver & Acute myocardial Failure  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration

Unknown

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) (c) Means of injury \_\_\_\_\_

23. Signature Charles A. Schmitt (M. D. or other) 0  
Address Genial Mo Date signed 2-9-46

RECEIVED

District Health Officer No. 9,

District File Number \_\_\_\_\_

Date Filed 3-11-46

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 Me

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

Signed \_\_\_\_\_

Licensed Embalmer No. 3838

P. O. Address Owensville 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.