

FILED APR 19 1948

Registration District No. 23

Primary Registration District No. 5881

1. PLACE OF DEATH:

(a) County Daden  
(b) City or town Rural Cedar Township  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
At Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1  
(Specify whether years, months or days) 10 months  
In this community 10 months

3. (a) PRINTED FULL NAME Mrs. Anna M. Brines

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife Albert M. Brines 6. (c) Age of husband or wife if alive deceased years  
7. Birth date of deceased February 1 1871  
(Month) (Day) (Year)

8. AGE: Years 77 Months 0 Days 20 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name R. C. Slagle  
13. Birthplace Slagle Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Sarah Angeline Mitchell  
15. Birthplace Cedar County Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Wilkins  
(b) Address Route 4, Lamar, Mo.

17. (a) Burial (b) Date thereof Feb. 24, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Slagle Cemetery

18. (a) Signature of funeral director Chiles Funeral Home  
(b) Address Lamar, Missouri

19. (a) 2-24-48 (b) Geo H. Weir  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Worth  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Route 4 (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country U

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 21  
year 1948 hour 1:30 minute P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic heart failure  
old age  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

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

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

Duration

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)  
(e) Means of injury While at work  
23. Signature DR. F. Guldner (M. D. or other)  
Address Lamar, Mo. Date signed 2/23/48

**RECEIVED**

District Health Officer No. 6.

District File Number 448-422

Date Filed MAR 16 1948

**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.....

*Clarence W. Ellis*

Licensed Embalmer No.

*3473*

P. O. Address

*Demar Meo*

**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.**