

FILED MAY 14 1948
Registration District No. 7

Primary Registration District No. 5436

1. PLACE OF DEATH:

(a) County Gasconade
(b) City or town Rural Boulevard Two
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 75 years
(Specify whether years, months or days)
In this community 75 years

3. (a) PRINT

FULL NAME Carolina Blinne

3. (b) If veteran,

name war 113

3. (c) Social Security

No. 4-22

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Charles Blinne 6. (c) Age of husband or wife if alive dead years
7. Birth date of deceased February 18 1854
(Month) (Day) (Year)

8. AGE: Years 94 Months 2 Days 0 If less than one day
hr. min.

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

10. Usual occupation housework

11. Industry or business

12. Name Francis Brinkmann
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Wilhelmina Gehner
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Clarance Blinne
(b) Address Owensville, Mo. Route 2
17. (a) Burial (b) Date thereof 4-21-1948
(Burial, cremation, or removal) (Month) (Day) (Year)
Drake Zoar M.E. Cem.
(c) Place: burial or cremation

18. (a) Signature of funeral director Edna M. White
Owensville, Mo.
(b) Address
19. (a) 4/20/48 (b) Edna M. White
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18
year 1948 hour 5 minute 15 a. M.

21. I hereby certify that I attended the deceased from Apr 16 1948 to Apr 18 1948
that I last saw him alive on Apr 18
and that death occurred on the date and hour stated above.
Immediate cause of death arteriosclerosis

Due to

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

23. Signature Edna M. White (M. D. or other) M. D.
Address Owensville Date signed 4-19-48

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed MAY 13 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

Harvey Kahle, Registered Apprentice No. 9

working under my personal supervision.

Signed

Malvind H. N. Winter

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.