

FILED FEB 27 1946

Primary Registration District No. 5429

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

1. PLACE OF DEATH:
 (a) County Franklin
 (b) City or town Gerald, Missouri Rural
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution None
(Specify whether)
 In this community Entire Life Time
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Franklin 36
 (c) City or town Gerald, Missouri Rural 0
(If outside city or town limits, write "RURAL")
 (d) Street No.
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country

3. (a) PRINT FULL NAME Anna Pauline Voesbrink
 3. (b) If veteran, name war None
 3. (c) Social Security No. None

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife William H. Voesbrink
 6. (c) Age of husband or wife if alive 75 years
 7. Birth date of deceased October 28 1871
(Month) (Day) (Year)

8. AGE:			If less than one day	
Years	Months	Days	hr.	min.
<u>74</u>	<u>2</u>	<u>19</u>		

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

10. Usual occupation Housewife

11. Industry or business ---

MOTHER FATHER {
 12. Name Peter H. Stipp
 13. Birthplace Germany
(City, town, or county) (State or foreign country)
 14. Maiden name Louise Altheide
 15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Wm. H. Voesbrink
 (b) Address Gerald, Missouri

17. (a) Burial (b) Date thereof Jan. 19, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Pauls, Gerald, Mo.

18. (a) Signature of funeral director Wm. H. Voesbrink
 (b) Address Gerald, Missouri

19. (a) Jan 18 1946 (b) J. Mathew
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 17
 year 1946 hour minute M.

21. I hereby certify that I attended the deceased from 15 Dec 45
 to 17 Dec Jan 19 46

that I last saw her alive on 17 Dec Jan 19 46
 and that death occurred on the date and hour stated above.

Immediate cause of death CARCINOMA PRIMARY UTERUS. Duration 1 yr

Due to CARCINOMA LIVER SECONDARY. 6 mo

Due to ANEMIA (CACHEXIA) SECONDARY. 6 mo

Other conditions ASCITES ABDOMINAL. 4 mo
(Include pregnancy within 3 months of death)

Major findings: Of operations none
 Of autopsy none 48
 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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(City or town) (County) (State)

While at work?

(Specify type of place) (e) Means of injury

23. Signature B. J. Macaulay (M. D. or other) ---
 Address Gerald Mo Date signed Jan 18 1946

(Jan. 18, 1946)

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 2-6-46

FEB 1 1946

FEB 18 1946

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 Ernest L. Qltmann
Licensed Embalmer No. 4054
P. O. Address Gerald, Missouri

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.