

S. No. 2
DM-5-43
v. 5-17-39
X 36671

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19
Registrar's No. 19

FILED APR 10 1946

Registration District No. 47-2180 Primary Registration District No. 5-65-27291

1. PLACE OF DEATH:

(a) County Lincoln

(b) City or town Old Monroe
(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 -----
(Specify whether

In this community -----
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Lincoln ⁵⁷

(c) City or town Old Monroe
(If outside city or town limits, write "RURAL") ²

(d) Street No. -----
(If rural, give location) ⁷

(e) Citizen of foreign country? No (Yes or No)

If yes, name country -----

3. (a) PRINT FULL NAME Anna B. Spellbrink

3. (b) If veteran, name war -----

3. (c) Social Security No. -----

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 26
year 1946 hour 8 minute 30A M.

4. Sex F 5. Color or race W

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Herman Spellbrink

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased April 20 1882
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 1946 to Feb. 1946
that I last saw her alive on Feb. 26, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death central apoplexy Duration -----

8. AGE: Years Months Days If less than one day

63	10	6	-----
hr.	min.		

Due to Hypertension

Due to -----

Other conditions (Include pregnancy within 3 months of death) -----

9. Birthplace Old Monroe Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation House work

11. Industry or business -----

MOTHER FATHER {

12. Name Kirchoff

13. Birthplace Germany
(City, town, or county) (State or foreign country) ⁴

14. Maiden name Stollman

15. Birthplace Germany
(City, town, or county) (State or foreign country) ⁴

Major findings: Of operations -----

Of autopsy 83w

PHYSICIAN Underline the cause to which death should be charged statistically.

16. (a) Informant Herman Spellbrink

(b) Address Old Monroe Mo

17. (a) Burial (b) Date thereof 2-28-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old Monroe Mo.

18. (a) Signature of funeral director Earl Kelly

(b) Address -----

19. (a) 2-28-46 (b) Bl. Knecht
(Date received local registrar) (Registrar's signature)

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 Dr. J. J. Allevato (M. D. -----)
Address Winfield, Mo Date signed 2/28/46

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

8926

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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.....

E. Keithly

Licensed Embalmer No.....

872

P. O. Address.....

Fallon 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.