

Registration District No. 149

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
428 East 64th Terrace  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 8 Years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 428 East 64th Terrace  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MRS. GERTRUDE D. BRINCKMANN

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 Married

6. (b) Name of husband or wife Charles A. Brinckmann 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased January 30th 1896  
(Month) (Day) (Year)

8. AGE: Years 50 Months 5 Days 7 If less than one day hr. \_\_\_\_\_ min.

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

10. Usual occupation At Home

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Herman F. Detjen  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Bertha Bay

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

16. (a) Informant Charles A. Brinckmann

(b) Address 428 East 64th Terrace

17. (a) Removal (b) Date thereof 7 - 8 - 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis, Missouri

18. (a) Signature of funeral director Freeman Mortuary & Chapel

(b) Address 104 West 42nd St., Kansas City, Mo.

19. (a) 7-8-46 (b) Gertrude Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7  
year 1946 hour 10:20 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from July 19  
1940 to July 7 1946  
that I last saw her alive on July 7  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Carcinoma of the ovary Rt

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Melanosis general  
(Include pregnancy within 3 months of death)

Cachexia

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy 490

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) \_\_\_\_\_  
Means of injury \_\_\_\_\_

23. Signature Merwin G. Runoel (M. D. or other) \_\_\_\_\_

Address Tower Bldg Kansas City Date signed July 8, 1946

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

48  
200

2000  
6 11

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 Walter H. Erwin  
Licensed Embalmer No. 4352  
P. O. Address Kansas City, 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.

*Dr. R. Arnold*