

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

39604
Do not use this space.

Registered No. **823**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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1. PLACE OF DEATH **GREENE**

(a) County **GREENE** Registration District No. **318**

(b) Township **SPRINGFIELD** Primary Registration District No. **2001**

(c) City **SPRINGFIELD** (d) Street No. **739 S. Main** St.

(e) Length of residence in city or town where death occurred **163** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Rev. Frederick Gafert**

(a) Residence, No. **739 S. Main** St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Bartha Messel Gafert**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **March 15, 1855**

7. AGE YEARS 84	MONTHS 7	DAYS 28	If LESS than 1 day, hrs. or min.
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8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Retired**

9. Industry or business in which work was done, as saw mill, bank, etc. **Minister**

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) **Breslau**
(STATE OR COUNTRY) **Germany**

FATHER

13. NAME **Frederick Gafert**

14. BIRTHPLACE (CITY OR TOWN) **Germany**
(STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN) **Germany**
(STATE OR COUNTRY)

17. INFORMANT **Mrs. Bartha Gafert**
(ADDRESS) **Springfield, Mo.**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **Maple Park** DATE **Nov. 15, 1939**

19. FUNERAL DIRECTOR (NAME) **H. H. Lohmeyer**
(ADDRESS) **Springfield, Mo.**

20. FILE **Nov 15 1939**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Nov. 13, 1939**

22. I HEREBY CERTIFY, That I attended deceased **Nov 13, 1939**, to **Nov 13, 1939**, 19...
I last saw him alive on **Nov 13, 1939**. Death is said to have occurred on the date stated above, at **4 p. m.**
The principal cause of death and related causes of importance were as follows:
Carcinoma of the primary

Date of onset **if b**

Other contributory causes of importance:

Name of operation **None** Date of

What test confirmed diagnosis? Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19...
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify **James E. Dewey**, M. D.
(Signed) **James E. Dewey**
(Address) **Springfield Mo**

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

X