

FILED JUL 15 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 20785

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2402

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Jackson City
(c) Name of hospital or institution St. Luke's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 days
(Specify whether years, months or days) 15 days

8. (a) PRINT FULL NAME STELLA GERHART
(b) If veteran, name war No.
(c) Social Security No. No.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife George Gerhart 6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec. 17, 1879
(Month) (Day) (Year)

8. AGE: Years 60 Months 5 Days 25 If less than one day hr. min.

9. Birthplace Morgan County, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER WIFE

11. Industry or business _____

MOTHER FATHER { 12. Name Arthur Cooper
18. Birthplace Tenn.
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Cannon
15. Birthplace Morgan County, Mo.
(City, town, or county) (State or foreign country)
16. (a) Informant Geo. W. Gerhart
(b) Address Versailles, Mo.

17. (a) Removal (b) Date thereof 6/12/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Versailles, Mo.

18. (a) Signature of funeral director Carroll Davidson
(b) Address 3024 Front St. N. C. Mo

19. (a) _____ (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Morgan
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12
year 1940 hour _____ minute P.M.

21. I hereby certify that I attended the deceased from May 20, 1940 to June 12, 1940
that I last saw her alive on June 12, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Nephritis (Tubular) Sub-acute

Due to Undetermined toxin

Due to _____

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

Major findings: Of operations None

Of autopsy Refused

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 P. Bohan (M. D. or other)

*Address 315 Alameda Road Date signed 6-12-40

Duration

3 Mos.

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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. 1972

P. O. Address 3024 Transit

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, above space should be left blank.