

190 JUL 15 1940 18
Registration District No. _____

Primary Registration District No. 3015

Registrar's No. 58

1. PLACE OF DEATH

(a) County Cook
(b) City or town Boonville
(c) Name of hospital or institution: St Joseph Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
In this community St Joseph Hospital
years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Infant Gertrude Gehrs

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex MALE 5. Color or race White 6. (a) Single, widowed, married, divorced _____

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 22 1940
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 0 0 hr. 5 min.

9. Birthplace St Joseph Hospital Mo
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Maureen Gehrs

13. Birthplace Stover, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name MAURICE BROWN

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

16. (a) Informant Maureen Gehrs

(b) Address Versailles, Mo

17. (a) Burial (b) Date thereof June 23-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hopewell Cemetery

18. (a) Signature of funeral director W. F. Redweh

(b) Address Versailles, Mo

19. (a) 6-23-40 (b) W. F. Redweh
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22
year 1940 hour 1:30 minute 00 P. M.

21. I hereby certify that I attended the deceased from birth
June 22 at 1:20 pm to 11:30 pm June 22, 40
that I last saw him alive on June 22, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Asphyxia neonatorum Duration 5 minutes

Due to Strangulation by umbilical cord

Due to _____

Other conditions 16 d 13
(Include pregnancy within 3 months of death)

Major findings: None done

Of autopsy None performed

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? Yes (Specify type of place) (e) Means of injury _____

23. Signature J. W. Watson MD (M. D. or other) _____

Address Boonville, Mo Date signed 6/22/40

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

MOTHER FATHER

RECEIVED
District Health Officer No. 8,
District File Number 4-3-40
Date Filed

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.....

Rene Bartran
working under my personal supervision.

Registered Apprentice No.

Signed Rene Bartran

Licensed Embalmer No. 4021

P. O. Address Silsille, 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, above space should be left blank.