

No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

AUG 21 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25899

Registration District No. 642

Primary Registration District No. 5857 4386

Registrar's No. 5857

1. PLACE OF DEATH:
(a) County Osage
(b) City or town Westphalia
(c) Name of hospital or institution:
Westphalia, Mo.
(d) Length of stay: In hospital or institution _____
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Osage
(c) City or town Westphalia, MO.
(d) Street No. Westphalia, Mo.
(e) If foreign born, how long in U. S. A. ? _____ years.

8. (a) PRINT FULL NAME Gertrude Adrian
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8. (b) If veteran, name war. None
8. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 22
year 1940 hour 7:30 minute _____ M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased November 8, 1868
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Mar. 20, 1939 to July 21, 1940
that I last saw her alive on July 13, 1940
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
71 8 14 hr. _____ min. _____

Immediate cause of death Cerebral Thrombosis
Duration 6 days

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

Due to Chronic Endocarditis and arteriosclerosis 2 yrs.
Due to Osteo-arthritis

10. Usual occupation None

Other conditions (Include pregnancy within 3 months of death) g. l. v.

11. Industry or business _____
12. Name Henry Adrian
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Catherine Morfeld
15. Birthplace Germany
(City, town, or county) (State or foreign country)

Major findings: _____
Of operations _____
Of autopsy _____

16. (a) Informant Mrs. Henry Winkleman
(b) Address Westphalia, Mo.

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

17. (a) Burial (b) Date thereof 7/24/40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Westphalia, Mo.

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? _____

18. (a) Signature of funeral director John A. H. [Signature]
(b) Address Jefferson City, Mo.
19. (a) July 23, 1940 (b) Mary L. [Signature]
(Date received local registrar) (Registrar's signature)

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While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Conrad S. Verhoff (M. D. or other) _____
Address Westphalia, Mo. Date signed 7/24/40

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.....

John F. Hensch

Licensed Embalmer No. 3655

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