SEP 2[illegible]

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29994

Registration District No. 881 Primary Registration District No. 6171 Registrar's No. 26

1. PLACE OF DEATH:

(a) County WARREN

(b) ~~City or town~~ Rural (Elkhorn)
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days) 635

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County WARREN

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Warrenton R.F.D.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME ANNA LOUISA GERDING

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife

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

7. Birth date of deceased June (Month) 13, (Day) 1853 (Year)

8. AGE: Years 87 Months 1 Days 18 If less than one day hr. min.

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

10. Usual occupation at home

11. Industry or business

FATHER
12. Name Karl Oetting
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name not known
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant's own signature Chas. Gerding
(b) Address Warrenton, Mo. R7B #4

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 4, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Family Cemetery - near Warrenton

18. (a) Signature of funeral director F. W. Niebing & Son
(b) Address Warrenton, Mo

19. (a) Aug 4, 1940 (Date received local registrar) (b) A. W. Ebeling (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 1
year 1940 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from July 25th, 1940, to Aug 1st, 1940
that I last saw her alive on July 25, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis and Nephritis — Duration 1935

Due to

Due to

Other conditions Senility 1931
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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? 803
(Specify type of place)
While at work? (e) Means of injury

23. Signature [illegible] (M. D. or other)
Address Warrenton Mo Date signed 8/2/40

(Licensed Embalmer's Statement on Reverse Side)

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

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

Rev. 5-17-39
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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. Niebing

Licensed Embalmer No. 3897

P. O. Address Warrenton, 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.