

No. 2  
13-40  
17-39  
X23159

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

6218

FILED MAR 14 1941  
Registration District No. \_\_\_\_\_

Primary Registration District No. 203

State File No. \_\_\_\_\_

Registrar's No. 6

1. PLACE OF DEATH:  
(a) County Benton  
(b) City or town Rural Township Lindsay  
(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 4 days  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) Missouri (b) County Benton  
(c) City or town Warsaw Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4 miles south east of Warsaw  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Peter Gerken  
3. (b) If veteran, name war No  
3. (c) Social Security No. None

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month January day 31st  
year 1941 hour 10:30 P minute 30 P M.

4. Sex Male  
5. Color or race white  
6. (a) Single, widowed, married, divorced  
6. (b) Name of husband or wife Mrs Dortha Gerken  
6. (c) Age of husband or wife if alive (Dead) years  
7. Birth date of deceased November 26th 1850  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 31, 1941, to Jan 31, 1941;  
that I last saw him alive on Jan 31, 1941;  
and that death occurred on the date and hour stated above.

8. AGE: 90 Years  
Months 2 Days 5  
If less than one day  
hr. \_\_\_\_\_ min.

Immediate cause of death Bronchial pneumonia and Senility  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

9. Birthplace Benton Counth Missouri  
(City, town, or county) (State or foreign country)

Other conditions 109  
(Include pregnancy within 3 months of death)

10. Usual occupation Retired  
11. Industry or business \_\_\_\_\_

MOTHER FATHER {  
12. Name Claus Gerken  
13. Birthplace Unknown Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Katherine Holtzen  
15. Birthplace Unknown Germany  
(City, town, or county) (State or foreign country)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant John Brother  
(b) Address Cole Camp Mo K7.8 3  
17. (a) Burial (b) Date thereof Feb 3rd 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

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 Ed Dickhoff  
(b) Address Cole Camp Missouri  
19. (a) 7/3/41 (b) Jas A Rogan  
(Date received local registrar) (Registrar's signature)

23. Signature W. S. ... (M. D. or other) 8  
Address Warsaw Mo Date signed \_\_\_\_\_

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

RECEIVED

District Health Officer No. 7,

District File Number 3-41-412

Date Filed 3-5-41

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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 E. L. Eickhoff

Licensed Embalmer No. 730

P. O. Address Wile Camp, 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, fact should be so stated above.**