No. 2
-1-4-41
5-17-39
1 X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
AUG 25 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25660

Registration District No. 574 Primary Registration District No. 3227A 5772 Registrar's No.

1. PLACE OF DEATH:
(a) County Moniteau Co.
(b) City or town Tipton
(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 X (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED: Moniteau
(a) State Mo. (b) County ~~Mo.~~
(c) City or town Jamestown
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mrs. Frank Augusta Gentsch
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Mr. Frank Gentsch
6. (c) Age of husband or wife if alive years
7. Birthdate of deceased Dec 10 (Month) (Day) (Year)

8. AGE: Years 83 | Months | Days | If less than one day hr. min.

9. Birthplace Jamestown (City, town, or county) (State or foreign country)
10. Usual occupation Home wife
11. Industry or business X

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

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Harry Gentsch
(b) Address Sandy Hook Mo
17. (a) Jamestown (Burial, cremation, or removal) (b) Date thereof Aug 5 (Month) (Day) (Year)
(c) Place: burial or cremation Evangelic
18. (a) Signature of funeral director Chas Fullrich
(b) Address Jamestown
19. (a) Aug 6/41 (Date received local registrar) (b) Abbie Bird (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month 8 day 3rd year 41 hour minute M.

21. I hereby certify that I attended the deceased from 6/19/41 19..., to 8/30/41 19..., that I last saw h. alive on 8/30 19..., and that death occurred on the date and hour stated above.

Immediate cause of death Ascites

Due to Mitral regurgitation

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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

23. Signature B A Reynolds (M. D. or other)
Address Jamestown Mo Date signed 8/3/41

(Licensed Embalmer's Statement on Reverse Side)

8-3-41

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.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

S. No. 2B
M—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25660

Registration District No. 574 Primary Registration District No. 572a Registrar's No.

1. PLACE OF DEATH:
(a) County: Moniteau
(b) City or town: (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 years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Mrs. Frank (Augusta) Gentzsch
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex
5. Color or race
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: Dec (Month) 10 (Day) 1858 (Year)

8. AGE: Years 82 Months 7 Days If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business

MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) Sept 8-1941 (Date received local registrar) (b) Grace Gentzsch (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day year 1941 hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19; that I last saw him alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Due to
Due to
Other conditions (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)
(b) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY