

FILED APR 15 1942

Registration District No. 2

Primary Registration District No. 5172

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Camden

(b) City or town Macle Creek Mo.
(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 1
(Specify whether)

In this community 58 years
years, months or days

3. (a) PRINT FULL NAME Frederick James Gerhardt

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male 5. Color or race W

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

6. (b) Name of husband or wife Missie M Gerhardt

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased Jan 7 1863
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>2</u>	<u>4</u>	hr. _____ min. _____

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

10. Usual occupation Farmer, Fur Merchant

11. Industry or business Tow Mill Shop on farm

12. Name James August Gerhardt

13. Birthplace 4 Germany
(City, town, or county) (State or foreign country)

14. Maiden name Eliza Wallace
(City, town, or county) (State or foreign country)

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

16. (a) Informant's own signature Bertha Edison

(b) Address Macle Creek Mo.

17. (a) Burial (b) Date thereof 3-12-
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Roach Cemetery

18. (a) Signature of funeral director L. B. Jones

(b) Address Buffalo Mo

19. (a) 3-12-42 (b) Mrs. C. R. Jackson
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Camden

(c) City or town Macle Creek Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 11th
year 1942 hour 4 minute _____ A. M.

21. I hereby certify that I attended the deceased from Nov 6th, 1941, to Mar 11th, 1942;
that I last saw him alive on Mar. 11th, 1942;
and that death occurred on the date and hour stated above.

Immediate cause of death arteriosclerosis of coronary arteries
branch of coronary arteries

Due to Arterio-sclerosis of coronary arteries

Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

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 J. J. Myers (M. D. or other) _____

Address Macle Creek Mo Date signed 3/11/42

Duration about 4 months

PHYSICIAN _____

Underline the cause to which death should be charged statistically

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 state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 74

District No. 4-42-407

..... 4-14-42,

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 with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.