

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:
 (a) County..... Ozark
 (b) City or town..... Rural Bridges ~~Mo~~
 (c) Name of hospital or institution: 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution..... 2 yrs.
 In this community.....
 years, months or days

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

3. (a) PRINT FULL NAME Geert Steringa
 3. (b) If veteran, name war.....
 3. (c) Social Security No.....

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month..... March day..... 3
 year..... 1942 hour..... 8:50 minutes..... A M.
 21. I hereby certify that I attended the deceased from February 26
 1942 to March 3 1942
 that I last saw him alive on March 1
 and that death occurred on the date and hour stated above.

4. Sex..... male 5. Color or race..... white
 6. (a) ~~Single, widowed, married~~ 3 divorced divorce
 6. (b) Name of husband or wife.....
 6. (c) Age of husband or wife if alive..... 27 years
 7. Birth date of deceased..... March 27 1886
 (Month) (Day) (Year)

Immediate cause of death.....
Lobar Pneumonia
 Due to.....
 Due to.....
 Other conditions.....
 (Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
55 11 24 hr. min.

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

9. Birthplace..... Oudwoude The Netherlands
 (City, town, or county) (State or foreign country)

10. Usual occupation.....
 11. Industry or business..... Farming

MOTHER FATHER {
 12. Name..... Not known
 13. Birthplace..... Not known
 (City, town, or county) (State or foreign country)
 14. Maiden name..... Not known
 15. Birthplace..... Not known
 (City, town, or county) (State or foreign country)

16. (a) Informant..... J. C. Harlin
 (b) Address..... Gainesville, Mo
 17. (a) Burial (b) Date thereof..... Mar. 4 1942
 (Burial, cremation, or other) (Month) (Day) (Year)
 (c) Place: burial or cremation..... XXXX Gainesville Cemetery

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

18. (a) Signature of funeral director..... A. B. McClure
 (b) Address..... Gainesville, Mo.
 19. (a) 3-4-42 (b) Margaret Hutchison
 (Date received local registrar) (Registrar's signature)

23. Signature..... P. E. Bushong (M. D. or other) ii
 Address..... Gainesville Mo. Date signed..... 3-3-42

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

77
0
0

1008

This man was not embalmed.
Margaret Hutchison, Local Registrar

RECEIVED

District Health Officer No. 6;

District File Number 442-431

Date Filed APR 8 1949

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, fact should be so stated above.