

FILED MAY 20 1942

Registration District No. 877

Primary Registration District No. 49345

Registrar's No. 26

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

1. PLACE OF DEATH:

(a) County Montclair

(b) City or town California 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) Fifty years

3. (a) PRINT FULL NAME Amelia Gertz

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race W

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

6. (b) Name of husband or wife Frank 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct 15 1864
(Month) (Day) (Year)

8. AGE: Years 77 Months 7 Days 10 If less than one day _____ hr. _____ min.

9. Birthplace Poland (City, town, or county) (State or foreign country) 4

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Klausner

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

14. Maiden name Russell

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

16. (a) Informant Henry Gertz

(b) Address California Mo

17. (a) Burial (b) Date thereof 4/27/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lepthorium Cem

18. (a) Signature of funeral director William R. ...

(b) Address California Mo

19. (a) Apr 28 1942 (b) Miss James Roth
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montclair

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

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

(e) Citizen of foreign country? No (Yes or No) 3

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25 year 1942 hour 6 P.M minute _____ M.

21. I hereby certify that I attended the deceased from Feb. 21 1942 to April 25 1942 and that death occurred on the date and hour stated above.

that I last saw her alive on April 24 1942

Immediate cause of death Arteriosclerosis

Due to _____

Due to _____

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

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? _____

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

23. Signature H. J. Barrion (M.D. or other) D.O.

Address California, Mo Date signed 4/28/42

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 Hugh E. Williams
Licensed Embalmer No. 3537
P. O. Address California 210

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.