

No. 2
1-4-41
5-17-39
I. X25390

21622

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUL 17 1942

Registration District No. 469

Primary Registration District No. 5633

Registrar's No. 14

1. PLACE OF DEATH:

(a) County Lawrence

(b) City or town Mt. Vernon Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Missouri State Sanatorium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 290 days
(Specify whether)

In this community 290 days
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stone

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

(d) Street No. Route 2
(If rural, give location)

(e) Citizen of foreign country? 1 (Yes or No)

If yes, name country:

3. (a) PRINT FULL NAME Geneva Lucille Gensler

3. (b) If veteran, name war No

3. (c) Social Security None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Febr. day 30
- year 1942 hour 4:40 minute 0 M.

21. I hereby certify that I attended the deceased from Apr 20, 1941 to Feb 3, 1942
that I last saw her alive on Feb 3, 1942
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color of race White

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

(b) Name of husband or wife Ray Gensler

6. (c) Age of husband or wife if alive 28 years

7. Birth date of deceased June 27 - 1913
(Month) (Day) (Year)

Immediate cause of death Pulmonary tuberculosis abt 14 months

8. AGE:	Years	Months	Days	If less than one day
	<u>28</u>	<u>7</u>	<u>7</u>	hr. min.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 138'

9. Birthplace Ponce de Leon Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name Washington Lechler

13. Birthplace Taney Co Mo
(City, town, or county) (State or foreign country)

14. Maiden name Marj Reynolds

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

Major findings: 138'

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Mr. Michael Record Clerk

(b) Address Missouri State Sanatorium

17. (a) Burial (b) Date thereof Feb. 8-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highlandville Cem

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 W. Maples

(b) Address Claver Mo

19. (a) 6-23-42 (b) Anna Whaley
(Date received local registrar) (Registrar's signature)

While at work? (Specify type of place) (e) Means of injury 0

23. Signature Esther E. Coffman (M. D. or other)

Address Mo State Sanatorium Date signed 2-3-42

1182 (Licensed Embalmer's Statement on Reverse Side) Mt. Vernon Mo

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

5
0
0

RECEIVED

District Health Officer No. 6,

District File Number 742-1004

Date Filed JUL 15 1942

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 J.W. Maples

Licensed Embalmer No. 2985

P. O. Address Cleveland 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.