V. S. No. 2
50M—5-42
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30723

FILED SEP 28 1943

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3928

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

1. PLACE OF DEATH:

(a) County: Jackson

(b) City or town: Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: K.C. Convalescent Home 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 mo. 18 da (Specify whether years, months or days)
In this community 60 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson 48

(c) City or town: Kansas City 5
(If outside city or town limits, write "RURAL")

(d) Street No.: 3200 Norledge 8
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country: U

3. (a) PRINT FULL NAME: Gerhart, Mary E.

3. (b) If veteran, name war: XX

3. (c) Social Security No.: No

4. Sex: F

5. Color or race: W

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

6. (b) Name of husband or wife: Herman M. Gerhart

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

7. Birth date of deceased: September (Month) 10 (Day) 1857 (Year)

8. AGE: Years 86 Months 0 Days 1 If less than one day hr. min.

9. Birthplace: Wurttemberg (City, town, or county) Germany 4 (State or foreign country)

10. Usual occupation: At Home

11. Industry or business:

FATHER
12. Name: Michael Haage
13. Birthplace: (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name: No Record
15. Birthplace: (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant: Mrs. J. Bainbridge Jones
(b) Address: 3246 Warwick

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-13-43 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Washington

18. (a) Signature of funeral director: J.W. Wagner
(b) Address: Kansas City, Mo.

19. (a) 9-13-43 (Date received local registrar) (b) T.E. Brown, Dep. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 11 year 1943 hour 11 42 minute a M.

21. I hereby certify that I attended the deceased from 10-23-42, 19..., to 9-11-43, 19...; that I last saw h. alive on 9-8-43, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to: Arteriosclerosis	
Due to: 97	
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)
(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:

23. Signature: [illegible] (M. D. or other)
Address: 3 Norledge Date signed 8-12-43

(Licensed Embalmer's Statement on Reverse Side)

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 A. R. Hauschel

Licensed Embalmer No. 4159

P. O. Address Kansas City 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.