

21428

State File No. _____

X37823

FILED JUL 6 1944

Primary Registration District No. 4147

Registrar's No. 30

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

1. PLACE OF DEATH:

(a) County Cooper Co

(b) City or town Bunceton 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 Lefr
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper

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

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

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

3. (a) PRINT FULL NAME Minnie Elvora Gerhardt

3. (b) If veteran, name war X

3. (c) Social Security No. X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 4
year 1944 hour _____ minute _____ M.

4. Sex Female

5. Color or race white

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

(b) Name of husband or wife Christesen Lecht

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased: Sept. 19 - 1880
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 12, 1944, to June 4, 1944;
that I last saw her alive on May 27, 1944;
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>63</u>	<u>8</u>	<u>16</u>	hr. _____ min.

Immediate cause of death: Carcinoma of Liver
Full Bender to Liver

Due to _____

Due to _____

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

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

10. Usual occupation _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business Housewife

12. Name W. F. Born

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

14. Maiden name Caroline McCune

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

16. (a) Informant Harold Gerhardt

(b) Address 1100 So. Bradford, Compton, Calif.

17. (a) Billingsville (b) Date thereof 6-6-1944
(Burial or cremation) (Month) (Day) (Year)

(c) Place: burial or cremation Billingsville

18. (a) Signature of funeral director H. E. Parker

(b) Address Bunceton, Missouri

19. (a) June 9, 44 (b) Mrs. R. R. Roberson
(Date received local registrar) (Registrar's signature)

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? _____ (c) Means of injury _____

23. Signature W. H. Ziegler (M. D. or other) M.D.

Address Bonville Mo Date signed 6-5-44

1081

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

7-5-44



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.....

myself....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *S. G. Parkers*.....

Licensed Embalmer No. *21-47*

P. O. Address..... *Terre Haute Ind*.....

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.