

FILED FEB 16 1945

Primary Registration District No. 5019

Registrar's No. 6

1. PLACE OF DEATH:

(a) County Andrew
(b) City or town Rochester
(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 _____
In this community 2 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew
(c) City or town Rochester
(d) Street No. _____
(e) Citizen of foreign country? no
If yes, name country _____

3. (a) PRINT FULL NAME Bertha Elizabeth Gebauer

3. (b) If veteran, name war none
3. (c) Social Security No. none

4. Sex female 5. Color or race white
6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife Charles Gebauer
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased February 22 1873
(Month) (Day) (Year)

8. AGE: Years 71 Months 10 Days 19
If less than one day hr. _____ min. _____

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

10. Usual occupation at home

11. Industry or business _____

12. Name John Thomman

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

14. Maiden name unknown

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

16. (a) Informant Oscar Gebauer

(b) Address Rochester, Mo.

17. (a) burial (b) Date thereof 1/13/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director Hester Betts + Bowman

(b) Address 319 So. 10th

19. (a) 1/13/45 (b) J.H. Fitchman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 11
year 1945 hour 2 minute 30P M.

21. I hereby certify that I attended the deceased from July 19 40 to Jan. 11 19 45
that I last saw her alive on Jan. 11 19 45
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration 10 yrs

Due to _____

Due to _____

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? _____

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

23. Signature Sutter Rockwell (M.D. or other) D.O.

Address Union Star, Mo. Date signed 1/12/45

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

2000

1072

Dr. R. Eckhold
Union Star

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 Frank A. Berney

Licensed Embalmer No. 1710

P. O. Address St. Joseph 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.