

FILED MAY 5 1945

Registration District No. **179**

Primary Registration District No. **5668**

Registrar's No. _____

7000
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Lincoln

(b) City or town Rural Clark
(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 number of years, months or days)

In this community In This Community
(Specify number of years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lincoln

(c) City or town Rural
(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 FREDERICK C. GAEDIKE

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29
year 1945 hour 16 minute 30A. M.

21. I hereby certify that I attended the deceased from Jan 1942
to April 29, 1945
that I last saw him alive on April 29, 1945
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Lois

6. (c) Age of husband or wife if alive 9 years

7. Birth date of deceased Aug 18 1857
(Month) (Day) (Year)

Immediate cause of death Myocardial Infarction

Due to Severity

8. AGE: Years 87 Months 8 Days 20 If less than one day _____ hr. _____ min.

Other conditions (Include pregnancy within 3 months of death)

Major findings: ABP

Of operations _____

Of autopsy _____

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

10. Usual occupation Woodworker

11. Industry or business _____

12. Name Christian Gaedike

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

14. Maiden name Unknown

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

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Wm Gaedike

(b) Address Moscow Mills Mo.

17. (a) Burial (b) Date thereof 8-1-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Anderson Hill Cem

18. (a) Signature of funeral director Wayne M. Boy

(b) Address Irish Mo.

19. (a) May 1, 1945 (b) Pauline M. Gnegor
(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? _____

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

23. Signature J. C. Orschman (M. D. or other) _____
Address J. T. Roy Mo Date 4/29/45

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 5-4-45

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..... *Wayne McCoy*.....

Licensed Embalmer No. *3586*.....

P. O. Address *Jay 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.