No. 2
-12-45
-17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 14 1947

# THE STATE BOARD OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 20956

Registration District No. 147 Primary Registration District No. 1002 Registrar's No. 2794

**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: 2827 DENVER AVENUE /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution --
In this community 27 YEARS (Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**
(a) State MISSOURI (b) County JACKSON 48 3
(c) City or town KANSAS CITY 8
(If outside city or town limits, write "RURAL")
(d) Street No. 2827 DENVER AVENUE 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country --

3. (a) PRINT FULL NAME ELBERT ALEXANDER GERHARDT
3. (b) If veteran, name war No
3. (c) Social Security No. NONE
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MRS. MAYME F. GERHARDT
6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased JANUARY (Month) 5 (Day) 1897 (Year)

8. AGE: Years 50 Months 5 Days 25 If less than one day ___ hr. ___ min.

9. Birthplace WILLIAMSVILLE (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation R. R. SWITCHMAN
11. Industry or business ALTON R.R.
MOTHER FATHER
12. Name FREDRICK GERHARDT
13. Birthplace LYNN COUNTY (City, town, or county) MISSOURI (State or foreign country)
14. Maiden name MINNIE MOULDER
15. Birthplace (City, town, or county) MISSOURI (State or foreign country)
16. (a) Informant MRS. MAYME F. GERHARDT
(b) Address 2827 DENVER AVENUE
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JULY 3 1947 (Month) (Day) (Year)
(c) Place: burial or cremation MT. MORIAH CEMETERY
18. (a) Signature of funeral director D. H. Newcomer Sons
(b) Address 1401 BRUSH CREEK BLVD.
19. (a) 7-1-47 (Date received local registrar) Geraldine Holmes (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month JUNE day 30TH year 1947 hour 10 minute 30 A.M.
21. I hereby certify that I attended the deceased from June 21, 1947 to June 30, 1947 that I last saw h. alive on June 28, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion — Duration 1 week
Due to arterio-sclerosis
Due to
Other conditions —
(Include pregnancy within 3 months of death)
Major findings: Of operations — 94a
Of autopsy NONE

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (City or town) (County) (State)
While at work? (Specify type of place) (e) Means of injury

23. Signature Ralph Terry (M. D. or other) M.D.
Address 6800 E. 24 Date signed 6-30-47

(Licensed Embalmer's Statement on Reverse Side)

12:30.5:30

## 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 Bernard L. Loran

Licensed Embalmer No. 4250

P. O. Address KC 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.**