

FILED JUL 23 1947

Registration District No. 774

Primary Registration District No. 5432

Registrar's No. 23

1. PLACE OF DEATH:

(a) County FRANKLIN
(b) City or town RURAL MERAMES TOWNSHIP
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Sullivan
MERAMES CONVALESCENT HOME
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 MONTHS
(Specify whether
In this community years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County GASCONADE 37
(c) City or town BAY (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ANDREW GENSERT

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

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife MARY BELMORP 6. (c) Age of husband or wife if alive DEAD years
7. Birth date of deceased NOV. 6 1863
(Month) (Day) (Year)

8. AGE: Years 83 Months 8 Days 10 If less than one day
hr. min.

9. Birthplace ST. LOUIS MO.
(City, town, or county) (State or foreign country)

10. Usual occupation FISHERMAN

11. Industry or business

MOTHER FATHER
12. Name WILLIAM GENSERT 9
13. Birthplace NOT KNOWN (City, town, or county) (State or foreign country)
14. Maiden name CONSTANTIA RENSCHWALD
15. Birthplace NOT KNOWN (City, town, or county) (State or foreign country)

16. (a) Informant FROM FAMILY RECORDS

(b) Address ON HIS PERSON AND BELONGINGS

17. (a) BURIAL (b) Date thereof 7-19-47 SINCE
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BAY MO. GIEDINGHAGEN

18. (a) Signature of funeral director Magford H.N. Winter EM.

(b) Address O. WENSVILLE MO.

19. (a) 7-17-47 (b) Ed. Prater
(Date received local registrar) (Registrar's signature) 97

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16
year 1947 hour 11 minute 58 P.M.

21. I hereby certify that I attended the deceased from 7-16-1947 to 7-16-1947
that I last saw him alive on 7-16-1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis 3 days
Duration

Due to Post cerebral hemorrhage 2 days
Due to arterio sclerosis 1 day

Other conditions (Include pregnancy within 3 months of death)

Major findings: None
Of operations None
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? (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 0

23. Signature Ed. Prater (M. D. or other) EM.
Address Sullivan Date signed 7/17/47

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

36
0
0

RECEIVED
District Health Officer No. 9,
District File Number 7-22-47
Date Filed

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.....

Harvey Kable....., Registered Apprentice No. 9
working under my personal supervision.

Signed Myron H. Winter.....

Licensed Embalmer No. 3838.....

P. O. Address Owensville, 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.