No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAY 7 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11838

Registration District No. 64 Primary Registration District No. 5243 Registrar's No. 30

21
2
0

1. PLACE OF DEATH:
(a) County CHARITON
(b) City or town Chariton — RURAL
(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 whether
In this community 78 yrs 8 mo
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County CHARITON
(c) City or town RURAL 91
(If outside city or town limits, write "RURAL")
(d) Street No. 1 MILE N.E. FOREST GREEN MO.
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No) 0
If yes, name country 0

3. (a) PRINT FULL NAME ANNA GEBHARDT
3. (b) If veteran, name war —
3. (c) Social Security No. —

4. Sex FEMALE 1
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED 9
6. (b) Name of husband or wife FRED GEBHARDT
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased AUG. (Month) 4 (Day) 1869 (Year)

8. AGE: Years 78 Months 8 Days 20 If less than one day ..... hr. ..... min.

9. Birthplace Forest Green, Mo. 0
(City, town, or county) (State or foreign country)
10. Usual occupation HOUSE WIFE
11. Industry or business HER HOME
FATHER
12. Name JACOB ROHWER 11
13. Birthplace GERMANY 4
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name LOUISA GESSLING 4
15. Birthplace GERMANY 4
(City, [illegible] or county) (State or foreign country)
16. (a) Informant Emil Gebhardt
(b) Address Forest Green Mo
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof APR 26 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Salem cemetery
18. (a) Signature of funeral director Audsley Friemuth
(b) Address Glasgow Mo.
19. (a) 4/24/48 (Date received local registrar) (b) [illegible] (Registrar's signature) 55

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APR. day 24
year 1948 hour 3 minute 30 A. M.
21. I hereby certify that I attended the deceased from 3-15 1948, to 4-24 1948;
that I last saw her alive on 9-23-48, 19....;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Due to arteriosclerosis
Due to Emphysema following Pneumonia
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations 93
Of autopsy

Duration

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature [illegible] M.D.
Address Salisbury Mo Date signed 4/24/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 5-6-48

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 Walker Cudsley

Licensed Embalmer No. 3336

P. O. Address Glasgow 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.