

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

2885
Do not use this space.

1. PLACE OF DEATH

(a) County Henry Registration District No. 347
 (b) Township _____ Primary Registration District No. 3.01E Registered No. _____
 (c) City Clinton (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Mary C. Gebhardt 113
 (a) Residence, No. So. Washington St. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Adam Gebhardt
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 7-1862
7. AGE YEARS 75 MONTHS 8 DAYS 27 If LESS than 1 day,hrs. ormin.
OCCUPATION **8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.** Housewife
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ **11. Total time (years) spent in this occupation** Life
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois
FATHER **13. NAME** John Seaman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois
MOTHER **15. MAIDEN NAME** Josephine Collier
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois
17. INFORMANT (ADDRESS) Dated Gebhardt Clinton Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Congerswood DATE Feb 6 1938
19. FUNERAL DIRECTOR (ADDRESS) Fred C. Wilkinson Clinton Mo
20. FILED Feb 8 1938 J. R. Hampton Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-4 1938
22. I HEREBY CERTIFY, That I attended deceased from 1-11 1938, to 2-4 1938
 I last saw her alive on alive 2-7 1938. Death is said to have occurred on the date stated above, at 7:45 A.M.
 The principal cause of death and related causes of importance were as follows:
Mitral Insufficiency Date of onset 1-11-38
arterial Sclerosis
 Other contributory causes of importance: _____
 Name of operation _____ Date of _____
 What test confirmed diagnosis? clinical Was there an autopsy? _____
23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____
 Manner of injury _____
 Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) J. B. Hampton, M. D.
 (Address) Clinton Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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STATEMENT BY LICENSED EMBALMER

I, Fred Wilkerson, Licensed Embalmer No. 2498

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed Fred Wilkerson
Licensed Embalmer No. 2478

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.)