

REC'D MAY 18 1939

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

14818-

Do not use this space.

## 1. PLACE OF DEATH

(a) County Franklin Registration District No. 294  
(b) Township Primer Primary Registration District No. 5418  
(c) City Londell (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

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF August Hoffman  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 25, 1850  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 76 11 22  
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 \_\_\_\_\_  
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oakville, Mo.  
13. NAME John Gebhardt  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany  
15. MAIDEN NAME Mary -  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany  
17. INFORMANT (ADDRESS) Opal Hoffman  
18. BURIAL, CREMATION, OR REMOVAL PLACE Fairview DATE April 19, 1939  
19. FUNERAL DIRECTOR (NAME) (ADDRESS) St. Clair  
20. FILED 579 1939 Moore Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-19-39, 1939  
22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1939 to 4-19, 1939  
I last saw her alive on 4-16, 1939 death is said to have occurred on the date stated above, at 10:00 am.  
The principal cause of death and related causes of importance were as follows:  
Coronary of ?  
Stomach  
Other contributory causes of importance: 46  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no  
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? no  
If so, specify \_\_\_\_\_  
(Signed) W. P. Duerwent, M. D.  
21.7 (Address) \_\_\_\_\_

(Licensed Embalmer's Statement on Reverse Side)

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 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.....

*K. M. Lenox*

Licensed Embalmer No.....

*3681*

P. O. Address.....

*St. Clair, 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, above space should be left blank.**