

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.

Registration District No. 882

Primary Registration District No. 6174

Registrar's No. 10

1. PLACE OF DEATH:

(a) County: Warren
 (b) City or town: Wright City
 (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 _____
 years, months or days _____

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Warren
 (c) City or town: Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No.: South of Wright City, Mo
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME

Mary Katherine Gudeman

3. (b) If veteran, name war _____

3. (c) Social Security No. None

4. Sex: F. 5. Color or race: W. 6. (a) Single, widowed, married, divorced: Married
 6. (b) Name of husband or wife: Walter P. Gudeman 6. (c) Age of husband or wife: 46 years
 7. Birth date of deceased: Feb 22 1896
 (Month) (Day) (Year)

8. AGE: Years 43 Months 10 Days 2 If less than one day _____ hr. _____ min.

9. Birthplace: Wright City, Mo
 (City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business _____
 12. Name: Herman Turchan
 13. Birthplace: Warren Co
 (City, town, or county) (State or foreign country)
 14. Maiden name: Elizabeth Painter
 15. Birthplace: Warren Co.
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature: Walter P. Gudeman
 (b) Address: Wright City, Mo
 17. (a) _____ (b) Date thereof: _____
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation _____

18. (a) Signature of funeral director: Neuberg F.D. Co
 (b) Address: Wright City, Mo
 19. (a) Aug 27 1940 (b) Julius Neuberg
 (Date received local registrar's certificate) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 24
 year 1940 hour 86 minute 50 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw him _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Chest several Rupture Duration _____

Due to: Apparently being hit by railroad train

Due to: 30 ft. jump (resistant of jump)

Other conditions: _____
 (Include pregnancy within 3 months of death)
 Major findings: _____
 Of operations: _____
 Of autopsy: _____

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): Accident
 (b) Date of occurrence: August 24
 (c) Where did injury occur: 12th St & Wright City
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place:
On rail road crossing
 (Specify type of place) (e) Means of injury: _____
 While at work? _____
 23. Signature: Dr. T. H. King (M. D. or other) _____
 Address: Wright City, Mo Date signed: Aug 24

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211

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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 Julius J. Dieburg
Licensed Embalmer No. 3366
P. O. Address Wright City 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29995
~~2995~~
Registrar's No. _____

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 882

Primary Registration District No. 6174

Rm

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

1. PLACE OF DEATH:

(a) County Warren

(b) City or town Marion Grove
(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 _____ (Specify whether _____)

years, months or days

3. (a) Mary Catherine Gerdman

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex 7 5. Color or race W

6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife _____

6. (c) Age of husband, or wife, if alive _____ year

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 43 Months 15 Days 2 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace (City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____ (If outside city or town limits write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years.

20. DATE OF DEATH: Month Aug day 24 year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19 _____ to _____ 19 _____ that I last saw him _____ alive on _____ 19 _____ and that death occurred on the date and hour stated above.

Immediate cause of death Crushed chest
fractured aorta

accidentally being hit by Walcott train on 14 Street 7 July 1940

Other conditions (Include pregnancy within 3 months of death)
as struck by train

Major findings: Occupant of car
train and auto accident

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence Aug 24 - 1940

(c) Where did injury occur? 1 mi East of Wright city (City or town) (County) (State)

(d) Did injury occur in _____ about home, on farm, in industrial place, in public place? on R. R. crossing (Specify type of place) (e) Means of injury _____

While at work? _____

23. Signature D. P. H. Knepp (M. D. or other) D. G.
Address Warren, Mo Date signed Oct 3

SUPPLEMENTARY

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

S-29995