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21492

Registration District No. **472**

Primary Registration District No. **5636**

Registrar's No. _____

I. PLACE OF DEATH:

(a) County **Lawrence**
(b) City or town **Wentworth 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 **20**
In this community **about 45 years** (Specify whether years, months or days)

II. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Lawrence**
(c) City or town **Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **2 mi South - 1 mi West State City**
(If rural, give location)
(e) If foreign born, how long in U. S. A? **50 years** years.

8. (a) PRINT FULL NAME **Henry Gaertner**

8. (b) If veteran, name war _____ 8. (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 **Lizzie** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **Jan 18 1863**
(Month) (Day) (Year)

8. AGE: Years **77** Months **10** less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name **William Gaertner**

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

14. Maiden name **Sophie Beroan**

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

16. (a) Informant **Arhart Gaertner**

(b) Address **State City Rural**

17. (a) **Burial** (b) Date thereof **12 3 40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Evangelical Cemetery**

18. (a) Signature of funeral director **H. G. Fossell**

(b) Address **Mo**

19. (a) **12-30-1940** (b) **W. H. Powell**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month **Nov** day **30**
year **1940** hour **2:30** minute _____ P. M.

21. I hereby certify that I attended the deceased from **Nov 27** 1940, to **Nov. 30** 1940
that I last saw him alive on **Nov. 30** 1940
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial failure**

Due to **Coronary Thrombosis** **4 hr.**

Due to **Coronary disease**

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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? _____

423 (Specify type of place) While at work? _____ (c) Means of injury _____

23. Signature **Kenneth Glover MD** (M. D. or other) _____

Address **Millersport, Mo.** Date signed **12/3/40**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 6,

District File Number 7240-3006

Date Filed DEC 11 1940

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.....

Max L. Fassett, Registered Apprentice No. 268
working under my personal supervision.

Signed H. D. Fassett

Licensed Embalmer No. 2201

P. O. Address.....

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.