

No. 2
13-40
17-20
X-515

JAN 15 1941

Registration District No. 297

Primary Registration District No. 3016

Registrar's No. 116

1. PLACE OF DEATH:

(a) County Franklin

(b) City or town Washington
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: none. 7th & Hill St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 6 mo 7 da years, months or days (Specify whether _____)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Franklin

(c) City or town Washington Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. 7th & Hill
(If rural, give location)

(e) If foreign born, how long in U. S. A.? no years.

3. (a) PRINT FULL NAME JACQUELINE CATHERINE GARRITSON

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female 5. Color White 6. (a) Single, widowed, married, divorced Child

6. (b) Name of husband or wife Child 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 9 1940
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

0 6 7 hr. min.

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

10. Usual occupation Child

11. Industry or business Child

12. Name Ralph Gerritsen

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

14. Maiden name Pauline Koch

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

16. (a) Informant Ralph Gerritsen

(b) Address Washington Mo.

17. (a) Washington (b) Date thereof 12-18-40
(Burial, cremation, or other) (City or town) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Mo.

18. (a) Signature of funeral director Otto E. Co.

(b) Address Washington Mo.

19. (a) Dec. 17-1940 (b) H. H. May
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 16, 1940.
year _____ hour 8 minute 30 A. M.

21. I hereby certify that I attended the deceased from 12/14/40 to 12/16/40, 19____; that I last saw her alive on 12/15/40, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death meningitis (non specific)

Due to acute sinus infection + bronchitis

Due to _____

Other conditions (include pregnancy within 3 months of death) 10/6/40

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? 270

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

23. Signature J. P. [unclear] (M. D. or other) M.D.
Address Washington Mo. Date signed 12/17/40

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

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.....

[Handwritten Signature]

..... Registered Apprentice No.

working under my personal supervision.

Signed.....

[Handwritten Signature]

..... Licensed Embalmer No. 2464

P. O. Address.....

Washington

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.