No. 2
-4-13-40
5-17-39
PI X23189

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 21 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3514

Registration District No. 590

Primary Registration District No. 4-3-4-85-78 A

Registrar's No.

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

70
0
0

1. PLACE OF DEATH:
(a) County Montgomery Co. Lyntra
(b) City or town New Florence, Mo. RFD 3
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: XX
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 50 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri. (b) County Montgomery 70
(c) City or town New Florence, Mo. RFD 3 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. 0 (If rural, give location)
(e) If foreign born, how long in U. S. A.? XX years.

3. (a) PRINT FULL NAME Fredrick J. Gerdeman.

3. (b) If veteran, name war XX

3. (c) Social Security No. XX

4. Sex Male

5. Color or race W

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

6. (b) Name of husband or wife Anna Flora E. Gerdeman,

6. (c) Age of husband or wife if alive XX years

7. Birth date of deceased March (Month) 13th (Day) 1856 (Year)

8. AGE: Years 84 Months 9 Days 18 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Gerd Gerdeman,
13. Birthplace Prussia. (City, town, or county) Germany. (State or foreign country)

MOTHER
14. Maiden name Annie F. Spaelker,
15. Birthplace Prussia. (City, town, or county) Germany. (State or foreign country)

16. (a) Informant Alf. Gerdeman
(b) Address New Florence, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 2 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Big Spring, Mo.

18. (a) Signature of funeral director Barton Baker
(b) Address Americus, Mo.

19. (a) Jan 7 1941 (Date received local registrar) (b) Blanche Scholten (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 1st year 1941 hour 4 minute 45 A.M.

21. I hereby certify that I attended the deceased from Oct 1938 Jan 7, 1941 to , 19 ; that I last saw h alive on Dec 31, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchial pneumonia	2 days
Due to Cerebral Hemorrhage	16 mo
Due to Arterio sclerotic nephritis	?
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)
(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? (Specify type of place)
While at work? (e) Means of injury

23. Signature James O. Helm (M. D. or other) 0
Address New Florence Mo. Date signed 1/2/41

(Licensed Embalmer's Statement on Reverse Side)

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 D.B.Baker., Registered Apprentice No._____, working under my personal supervision.

Signed D B Baker

Licensed Embalmer No. 3375

P. O. Address Americus, 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, fact should be so stated above.