

No. 2
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1-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
JAN 25 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3771

Registration District No. 668

Primary Registration District No. 3039

Registrar's No. 12

80
6
4
WRITE PLAINLY - USE UNFADING BLACK INK - MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Pettis
(b) City or town Sedalia
(c) Name of hospital or institution:
2nd and Lamine St.
(If not in hospital or institution, write street number or location) /
(d) Length of stay: In hospital or institution 15 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. Terry Hotel, 2nd and Lamine
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Lester Leander Gerken

3. (b) If veteran, name war World War
3. (c) Social Security No. 491-07-5676

4. Sex Male 5. Color or race white
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Stella Smith Gerken
6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased February 22, 1892
(Month) (Day) (Year)

8. AGE: Years 48 Months 10 Days 16
If less than one day hr. min.

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

10. Usual occupation Emp. Dem.-Cap.

11. Industry or business (News paper)

12. Name Harry E. Gerken

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

14. Maiden name Ruphema Nelson

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

16. (a) Informant Mrs. Stella Gerken (wife)

(b) Address 616 E. 10th, Sedalia, Mo.

17. (a) Burial (b) Date thereof Jan. 11, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation Crown Hill Sedalia, Missouri

18. (a) Signature of funeral director Wm. E. Birdinghall

(b) Address Sedalia, Missouri

19. (a) 1-11-41 (b) Mrs. Harry Sneed
(Date bureau local registrar) (Registrar's Signature)

20. DATE OF DEATH: Month Jan day 8
year 1941 hour 9 minute 30 M.

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

Immediate cause of death Self-inflicted
gun shot wound in
head inflicted with suicidal
Due to Disorder
Due to probably shell shock
suffered in war
Other conditions (include pregnancy within 3 months of death)

Major findings:
Of operations 164
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) Suicide
(b) Date of occurrence 1-8-41

(c) Where did injury occur? Sedalia, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In hotel
(Specify type of place)

While at work? - (e) Means of injury
23. Signature W. J. Bishop Coroner (M. D. or other) 3
Address Sedalia, Mo. Date signed 1-11-41

Dr. Bishop

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 1-14-47

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 *Huane Ewing*

Licensed Embalmer No. *3877*

P. O. Address *Sedalia 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!