

APR 28 1941  
Registration District No. 750

Primary Registration District No. 4451

1. PLACE OF DEATH: Ripley  
(a) County Ripley  
(b) City or town Doniphan  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: At Home  
(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 \_\_\_\_\_

3. (a) PRINT FULL NAME Mary Phonetta Gerlach  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife John Daniel Gerlach 6. (c) Age of husband or wife if deceased Deceased years  
7. Birth date of deceased Jan. 24 1860  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<u>81</u>	<u>1</u>	<u>19</u>	<u>19</u>	hr. min.

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

10. Usual occupation House keeper

11. Industry or business Own home

MOTHER FATHER { 12. Name Harvey Neville  
13. Birthplace Randolph Co. Illinois  
(City, town, or county) (State or foreign country)  
14. Maiden name Eivira Mann  
15. Birthplace Randolph Co. Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant C. A. Roberts

(b) Address Doniphan Mo.

17. (a) Burial (b) Date thereof 3/15/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Doniphan, Mo.

18. (a) Signature of funeral director [Signature]

(b) Address Doniphan Mo.

19. (a) March 19 1941 (b) C. B. Johnson  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 91  
(a) State Missouri (b) County Ripley  
(c) City or town Doniphan  
(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.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13,  
year 1941 hour 5:00 minute 1 P. M.

21. I hereby certify that I attended the deceased from 1-15, 1940, to March 13, 1941  
that I last saw her alive on March 13, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Due to Cancer and other malignant tumors of Digestive tract and Peritoneum  
Duration 10 years

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations [Signature]  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(b) Means of injury \_\_\_\_\_

23. Signature Clifford [Signature]  
Address Doniphan Date signed \_\_\_\_\_

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

46  
RECEIVED

District Health Officer No. 5,

District File Number 4415-84

Date Filed .....

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

*J. E. Jordan*

Licensed Embalmer No. 3700

P. O. Address Douglas

Notes: 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.