

FILED MAY 10 1940

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

14324

State File No. \_\_\_\_\_

Registration District No. 213

Primary Registration District No. 3014

Registrar's No. 139

1. PLACE OF DEATH:

(a) County Cole  
(b) City or town Jefferson City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Mary's Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 days  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Osage 76  
(c) City or town Bonnets Mill 0  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. \_\_\_\_\_  
(If rural, give location) 1  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28  
year 1940 hour \_\_\_\_\_ minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from April 23  
1941 to April 28, 1941;  
that I last saw her alive on April 28, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death: Unmarked pneumonia 2 days  
due to influenza (Part 10)  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions: Ch. Myocarditis  
(Include pregnancy within 3 months of death)

Duration  
Physician  
Underline the cause to which death should be charged statistically.

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

23. Signature Pearl J. Miller (M. D. or other) MD  
Address Jefferson City Date signed 4-28-41

3. (a) PRINT FULL NAME Elizabeth Gentes

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 2

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife Henry Gentes 6. (c) Age of husband or wife if alive 4 years

7. Birth date of deceased June 28, 1867  
(Month) (Day) (Year)

8. AGE: Years 73 Months 7 Days - If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Jacob Kramer

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

14. Maiden name Christine Hamerly

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

16. (a) Informant Jos Gentes

(b) Address Bonnets Mill, Mo.

17. (a) Burial (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Frankenstein

18. (a) Signature of funeral director Morton Linnel  
(b) Address Linn, Mo.

19. (a) 4-28-41 (b) Pearl J. Miller  
(Date received local registrar) (Registrar's signature)

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Vernon M. Morton*

Licensed Embalmer No. *4125*

P. O. Address *Levin*

**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.**