

FILED JUN 11 1941

Registration District No. 423

Primary Registration District No. 4251

Registrar's No. 20

1. PLACE OF DEATH:

(a) County Jefferson
(b) City Kimmsworth
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no
In this community Life
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson
(c) City or town Kimmsworth Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 0
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31
year 1941 hour 5:00 minute 0 P. M.
21. I hereby certify that I attended the deceased from 1931
1931 to May 31 1941
that I last saw her alive on 5/31/41
and that death occurred on the date and hour stated above.

Immediate cause of death (M) Myocarditis
Duration _____
Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) Semity
Major findings: None
Of operations _____
Of autopsy None
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

8. (a) PRINT FULL NAME EMILY GERARD

8. (b) If veteran, name war X 8. (c) Social Security No. X

4. Sex female 6. Color or race white 6. (a) Single, widowed, married, divorced 2

6. (b) Name of husband or wife Charles Gerard 6. (c) Age of husband or wife if alive dead years

7. Birth date of deceased 3 4 1861
(Month) (Day) (Year)

8. AGE: Years 80 Months 2 Days 27 If less than one day hr. _____ min.

9. Birthplace Coronadet Umo
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business _____

MOTHER FATHER { 12. Name unknown
13. Birthplace unknown Unknown
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Otto Weismann
(b) Address Kimmsworth Mo

17. (a) Burial (b) Date thereof 6-2-41
(Burial, cremation, or removal) (Month) (Day) (Year)

18. (c) Signature of funeral director Pernech Koch
(b) Address Edenton, Mo.

19. (a) May 31 - 41 (b) Phil J. Kirk
(Date received local registrar) (Registrar's signature)

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? 384
While at work _____ (Specify type of place) (e) Means of injury _____
23. Signature O. Arch. Mo. (M. D. or other) 0
Address Kimmsworth Mo Date signed 5/31/41

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

7000

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. 5

working under my personal supervision.

Signed

Kenneth H. Koch

Licensed Embalmer No. 3047

P. O. Address Fenton, Mich.

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.