

Registration District No. 19

Primary Registration District No. 4013

1. PLACE OF DEATH:

(a) County Atchison  
(b) City or town Rock Port Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community 7 1/2 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Merry R Gerdis Hartman

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 \_\_\_\_\_ 6. (c) Age of husband or wife if \_\_\_\_\_

7. Birth date of deceased Nov 17 1853  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>87</u>	<u>8</u>	<u>8</u>	hr. _____ min. _____

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

10. Usual occupation House Wife

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

MOTHER FATHER { 12. Name Unknown

18. Birthplace Unknown (City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant's own signature Mrs. Jose Montero

(b) Address Rock Port Missouri

17. (a) Burial (b) Date thereof July 28 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Denish

18. (a) Signature of funeral director J. B. Bertram

(b) Address Rock Port Mo.

19. (a) July 27 1941 (b) Merry Chamberlain  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Atchison  
(c) City or town Rock Port Mo.  
(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.? 7 1/2 years years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26<sup>th</sup>  
year 1941 hour 10:30 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from May 1941 to July 1941; that I last saw her alive on July 10<sup>th</sup> 1941; and that death occurred on the date and hour stated above.

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

Myocardial failure

Due to Aortic sclerosis

Hypertensive heart disease

Due to \_\_\_\_\_

Other conditions Probable malignancy  
(Include pregnancy within 9 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? \_\_\_\_\_

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

23. Signature F. R. Fields (M. D. or other) MD

Address Rock Port, Mo. Date signed 7-28-41

WHILE FATHERLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**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 By m.  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed J. B. Beston  
Licensed Embalmer No. 4024  
P. O. Address Rock Port 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, above space should be left blank.**