No. 2
—1-4-41
5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 15 1945

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 25045

Registration District No. 1104 Primary Registration District No. 5415 Registrar's No. 14

1. PLACE OF DEATH:
(a) County Franklin
(b) City or town Gerald, Missouri
(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 (Specify whether years, months or days)
In this community 1

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Franklin
(c) City or town Gerald, Missouri
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Bertha May Immell
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 Married
6. (b) Name of husband or wife Lafe John Immell
6. (c) Age of husband ~~or wife~~ if alive 66 years
7. Birth date of deceased April (Month) 8 (Day) 1878 (Year)
8. AGE: Years 63 Months 2 Days 27 If less than one day hr. min.
9. Birthplace New Haven, Missouri (City, town, or county) 0 (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name Unknown
FATHER 13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
MOTHER 14. Maiden name Eliza Dring
MOTHER 15. Birthplace England (City, town, or county) 4 (State or foreign country)
16. (a) Informant Lafe J. Immell
(b) Address Gerald, Mis souri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 7, 194 (Month) (Day) (Year)
(c) Place: burial or cremation Reous Presbyterian Cem.
18. (a) Signature of funeral director Ernest Ottmann
(b) Address Gerald Missouri
19. (a) 7-7-41 (Date received local registrar) (b) Charles A. Schmidt (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5 year 1941 hour 12:00 noon minute M.
21. I hereby certify that I attended the deceased from April 1940 to July 1941 that I last saw her alive on July 5 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis — Duration unknown
Acute myocardial failure
Due to
Due to
Other conditions (Include pregnancy within 3 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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Charles A. Schmidt (M. D. or other) M.D.
Address Gerald Mo Date signed 7-6-41

272 (Licensed Embalmer's Statement on Reverse Side)

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.....Ernst L. Ottmann

Licensed Embalmer No.....4054

P. O. Address.....Gerald, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.