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-39
K23159

Registration District No. 213

Primary Registration District No. 30-1-4-98

State File No. _____

Registrar's No. 268

1. PLACE OF DEATH:

(a) County Cole

(b) City or town Rural - ~~Adrian~~

(c) Name of hospital or institution: North Ten Mile Drive
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community Life (Specify whether _____)

3. (a) PRINT FULL NAME Gertrude Anna Treiber

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 Joe 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased March 31 1878
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>63</u>	<u>5</u>	<u>16</u>	hr. _____ min.

9. Birthplace St. Thomas, Mo. Cole
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife.

11. Industry or business _____

12. Name Stephen Brankamp

13. Birthplace St. Thomas, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Ruck

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

16. (a) Informant Joe Trieber

(b) Address Jefferson City, Mo.

17. (a) Burial (b) Date thereof 9/19/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cem.

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

(b) Address Jefferson City, Mo.

19. (a) 9-18-41 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. North Ten Mile Drive
(If rural, give location)

(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 17
year 41 hour 1230 minute 7 M.

21. I hereby certify that I attended the deceased from Sept, 1938 to 9/17, 1941;
that I last saw him alive on 9/17/41, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Malignancy of uterus Duration 3 yrs.

Due to _____

Due to _____

Other conditions 488
(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? _____

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

23. Signature [Signature] (M. D. or other) [Signature]

Address Jefferson City, Mo. Date signed 9/18/41

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..... *Victor Breucher*

..... Licensed Embalmer No. **3701**

..... P. O. Address **Jefferson City, Mo**

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

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