

No. 2
1-4-41
-17-39
X28390

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED OCT 28 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35878

Registration District No. 735

Primary Registration District No. 3034

Registrar's No. 191

1. PLACE OF DEATH:

(a) County Randolph

(b) City or town Northley, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

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

In this community Lifetime
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph

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

(d) Street No. 523 Mohelhead
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William T. Gerhauer

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex male 5. Color or race wh.

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Lucia Gerhauer 6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased Nov 14 1958
(Month) (Day) (Year)

8. AGE: Years 82 Months 1 Days _____ If less than one day hr. _____ min. _____

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

10. Usual occupation farmer

11. Industry or business farmer

MOTHER FATHER { 12. Name John S. Gerhauer

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

14. Maiden name Lucia Hatis

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

16. (a) Informant John T. Knutler

(b) Address 6113 N 29 Omaha Neb

17. (a) Burial (b) Date thereof Sept 18-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Thomas Hill

18. (a) Signature of funeral director W. A. Hopper

(b) Address Blairville, Mo.

19. (a) Sept 18-41 (b) Deak Williams
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 17th
year 1941 hour 10 minute a.m.

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

Immediate cause of death Myocardial Infarction Duration _____

Due to _____

Due to 928

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations none

Of autopsy no

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) no

(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? _____

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

23. Signature W. A. Hopper (M. D. or other) _____

Address Blairville, Mo. Date signed 9/17/41

928 (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 10

District File Number 10-41-1937

Date Filed OCT 24 1941

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.....

Licensed Embalmer No.....

P. O. Address.....

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, fact should be so stated above.