

No. 2
1-10-39
-17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF PUBLIC HEALTH
FILLED NOV 10 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Mr. Pearse
State File No. 36352

Registration District No. 875 Primary Registration District No. 3039 Registrar's No. 292

1. PLACE OF DEATH:
(a) County Carrion
(b) City or town Nevada
(c) Name of hospital or institution:
at home
(d) Length of stay: In hospital or institution _____
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Carrion
(c) City or town Nevada
(d) Street No. 320 W. Walnut
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Gertrude Louise Miller
(b) If veteran, name war no
(c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct day 4
year 1941 hour 8 minute 30 P M.
21. I hereby certify that I attended the deceased from May 13
1941, to Oct 4 1941
that I last saw him alive on Oct 4 1941
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race W
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife ✓ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Aug 31 1858
(Month) (Day) (Year)

Immediate cause of death
myocardial failure
Due to generalized arteriosclerosis
Other conditions (include pregnancy within 3 months of death) 91

8. AGE: Years 83 Months 0 Days 4
If less than one day _____ hr. _____ min.
9. Birthplace Philadelphia New York
(City, town, or county) (State or foreign country)
10. Usual occupation Home keeper

PHYSICIAN
Major findings: _____
Of operations: _____
Of autopsy: _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____
12. Name Christopher B. Bennett
13. Birthplace Near Saratoga New York
(City, town, or county) (State or foreign country)
14. Maiden name Louise Josephine Eckert
15. Birthplace Sturkison New York
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Vern Evans
(b) Address Nevada Mo
17. (a) Burial (b) Date thereof Oct 7 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Altamont Kansas
18. (a) Signature of funeral director Blaya Funeral Service
(b) Address Nevada Mo
19. (a) 10-5-41 (b) Allen V. Kays
(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?
While at work? _____ (Specify type of place) (c) Means of injury _____
23. Signature J. W. Pearse (M. D. or other) MD
Address Nevada, Mo Date signed 10/7/41

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

MOTHER FATHER

RECEIVED

District Health Officer No. 7;

District File Number 11-41-1840

Date Filed 11-7-41

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

Allen V. Kays

Licensed Embalmer No. 1968

P. O. Address Nevada 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.