

FILED DEC 12 1945

Registration District No. _____

Primary Registration District No. 3026

Registrar's No. 153-

1. PLACE OF DEATH:

(a) County Livingston
(b) City or town Chillicothe *NTM*
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Chillicothe Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 week.
(Specify whether
In this community 2 1/2 years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston *59*
(c) City or town Chillicothe *2*
(If outside city or town limits, write "RURAL")
(d) Street No. 431 Polk Street
(If rural, give location)
(e) Citizen of foreign country? No. *0* (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Gertrude Leon Hector

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 Fred C. Hector 6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased February 11 1882
(Month) (Day) (Year)

8. AGE: Years 59 Months 9 Days 2 If less than one day
hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Jack Everson Unknown
13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Polly Lee
15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Fred C. Hector
(b) Address 431 Polk; Chillicothe
17. (a) Removal (b) Date thereof 11-14-'41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Walnut, Iowa

18. (a) Signature of funeral director F. B. Norman Funeral Home
(b) Address Chillicothe, Missouri
19. (a) November 13 (b) Lou Ella Curry
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov 13 day
year 1941 hour 10 00 minute A M.

21. I hereby certify that I attended the deceased from Nov
6 1941 to Nov 13 1941
that I last saw her alive on Nov 13 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Bright's disease 1 year
Duration

Due to Hypertension

Due to Chronic nephritis & arterio-sclerosis

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

Major findings:
Of operations _____ 1316
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) 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, or public place? _____

Home _____ (Specify type of place) (e) Means of injury _____
23. Signature P. P. Bereman (M. D. or _____)
Address Chillicothe, Missouri Date signed 11/13/41

MAR 11 1943

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.....

Elton F. Norman & E. R. Norman (2374) , Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No..... 4036

P.O. Address..... Chillicothe, 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.