

JAN 7 1942 40
Registration District No. 40

Primary Registration District No. 4024

1. PLACE OF DEATH:

(a) County Barton
(b) City or town Lamar Flora
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Bickel Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 5 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton C
(c) City or town Rural 1
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location) 1
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Bertha Juanita Gastel

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 Bernard Gastel 6. (c) Age of husband or wife if alive 29 years
7. Birth date of deceased Nov 12th, 1909
(Month) (Day) (Year)

8. AGE: Years 32 Months 1 Days 7 If less than one day _____ hr. _____ min.

9. Birthplace Near Lamar, MO. (City, town, or county) (State or foreign country)

10. Usual occupation Bookkeeper

11. Industry or business Lumber Yard

MOTHER FATHER { 12. Name James Divine
13. Birthplace Greenfield, MO (City, town, or county) (State or foreign country)
14. Maiden name Leopra Dew
15. Birthplace Carterville, MO. (City, town, or county) (State or foreign country)

16. (a) Informant James Divine
(b) Address Lamar, MO.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-22-41
(Month) (Day) (Year)

(c) Place: burial or cremation St Marvs Cemetery

18. (a) Signature of funeral director River Funeral Home
(b) Address Lamar, MO

19. (a) 12-21-41 (Date received local registrar) Ms. Josephine Mynatt (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 19th
year 1941 hour 8 minute 29 P.M.

21. I hereby certify that I attended the deceased from Dec. 9
1941 to Dec. 19, 1941
that I last saw him alive on Dec. 19, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia following tubal abscess Duration _____

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?

While at work? _____ (Specify type of place) (d) Means of injury _____
23. Signature Thos. J. Miller (M. D. or other)
Address Lamar Mo. Date signed 12/20-41

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

JAN 2 1942

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.....

P. W. Pever

Licensed Embalmer No.

3141

P. O. Address.....

Lamar, 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, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Registration District No. 40

Primary Registration District No. 4024

Registrar's No. _____

1. PLACE OF DEATH: Barton
 (a) County Lamar
 (b) City or town _____
 (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 _____)
 In this community _____
 years, months or days

3. (a) PRINT FULL NAME: Bertha J. Gastel
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced m
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov 12 1909
 (Month) (Day) (Year)

8. AGE: Years 32 Months 1 Days _____ (If less than one day _____) min.

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

10. Usual occupation _____

11. Industry of business _____

MOTHER FATHER } 12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State _____ (b) County _____
 (c) City or town _____
 (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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day _____
 year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____
 to _____, 19____

that I last saw him/her alive on _____, 19____

and that death occurred on the date and hour stated above.

Immediate cause of death Subal abscess Duration _____

following Endometritis

Due to NOT Pregnant + parapsal

Due to Condition

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

Major findings:
 Of operations _____

Of autopsy _____

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 Thos. J. Miller (M. D. number) _____
 Address Lamar Mo. Date signed 1-30-42

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

SUPPLEMENTARY

PHYSICIAN

Underline the cause to which death should be charged statistically.

S-41310

