

DEPT 2 of Encl
2/3
1941

Registration District No. _____

Primary Registration District No. 3074 5293

Registrar's No. 330

1. PLACE OF DEATH:

(a) County Cole
(b) City or town Rural--Jefferson Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
R.F.D.#3, 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 53 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole 26
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D.#3, 0
(If rural, give location) 0
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John Gerbes

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced, married
6. (b) Name of husband or wife Christine Gerbes 6. (c) Age of husband or wife if alive 78 years
7. Birth date of deceased October 24 1855
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
86 78 18 hr. _____ min.

9. Birthplace Germany 4
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business "

MOTHER FATHER { 12. Name Not Known 9
13. Birthplace _____ (City, town, or county) (State or foreign country) 9
14. Maiden name Not Known 9
15. Birthplace _____ (City, town, or county) (State or foreign country) 9

16. (a) Informant Joe Gerbes
(b) Address Jefferson City, Missouri

17. (a) Burial (b) Date thereof Nov-13-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Resurrection Cemetery

18. (a) Signature of funeral director Shap J Gordon

(b) Address Jefferson City, Missouri

19. (a) Nov 12-1941 (b) Alfred Fischer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 11
year 41 hour 2 minute 307 M.

21. I hereby certify that I attended the deceased from 10/29/41 19____ to 11/11/41 19____;
that I last saw him alive on 11/10/41 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Bacterial pneumonia Duration 13 days

Due to _____

Due to _____

Other conditions 107
(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 David G. [Signature] (M. D. or other) [Signature]

Address Jefferson City, Mo Date signed 11/12/41

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

26
0
0

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

Louis Quest

Licensed Embalmer No. *4096*

P. O. Address

Jefferson City

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.