S. No. 2
4-13-40
5-17-39
I X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

DEC 29 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41796

Registration District No. 292 Primary Registration District No. 4176 Registrar's No. 52

1. PLACE OF DEATH:
(a) County Franklin
(b) City or town New Haven Tel
(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 all years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Franklin
(c) City or town New Haven 36
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Mary Gerding
3. (b) If veteran, name war
3. (c) Social Security No. None
4. Sex Female
5. Color or race W
6. (a) Single, widowed, married, divorced WIDOW
6. (b) Name of husband or wife William Gerding
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March (Month) 8 (Day) 1863 (Year)

8. AGE: Years 73 Months 8 Days 5 If less than one day hr. min.

9. Birthplace Holstein (City, town, or county) Mo (State or foreign country) D
10. Usual occupation House Wife
11. Industry or business
FATHER
12. Name Fritz Koch
13. Birthplace Don't Know (City, town, or county) (State or foreign country) 9
MOTHER
14. Maiden name " "
15. Birthplace " " (City, town, or county) (State or foreign country) 9
16. (a) Informant Mary Gerding
(b) Address New Haven Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-16-41 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Evangelium New Haven
18. (a) Signature of funeral director L. C. Fertig & Son
(b) Address New Haven Mo
19. (a) Nov 15 1941 (Date received local registrar) (b) Clare England (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 13 year 1941 hour 10 minute 25 A M.
21. I hereby certify that I attended the deceased from February 7, 1938, 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.

	Duration
Immediate cause of death Apoplexy	Sick
Due to Arteriosclerosis with hypertension	Don't know
Due to	
Other conditions Bronchopneumonia (Include pregnancy within 3 months of death)	7 days

Major findings:
Of operations no operation
Of autopsy no 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? (Specify type of place)
While at work (e) Means of injury (f)
23. Signature B. P. Eisenmann (M. D. or other) MD
Address New Haven, Mo. Date signed 11/14/41.

268 (Licensed Embalmer's Statement on Reverse Side)

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 me

....., Registered Apprentice No.....

working under my personal supervision.

Signed Earl Fertig

Licensed Embalmer No. 3385

P. O. Address New Haven 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.