

FILED JAN 23 1947

Registration District No. 637

Primary Registration District No. 4-3-83 5848

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Osage

(b) City or town Benton Township Rural  
(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 60 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Osage 76

(c) City or town Benton Township Rural 0  
(If outside city or town limits, write "RURAL") 0

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) If foreign born, how long in U. S. A.? 60 years.

3. (a) PRINT FULL NAME Emilie Gawer

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 Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Nov. 18 1860  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>1</u>	<u>17</u>	<u>4</u> hr. <u>30</u> min.

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

10. Usual occupation House Keeper

11. Industry or business \_\_\_\_\_

12. Name Michle Gawer

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

14. Maiden name Anna Gawer

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

16. (a) Informant G. A. Schmedde

(b) Address Chamois Mo.

17. (a) Burial (b) Date thereof Jan. 7, 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Deer Cemetery Rural

18. (a) Signature of funeral director Otto T. Stockschick

(b) Address Chamois Mo.

19. (a) Jan 6 1947 (b) Leather Sander  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 5  
year 1942 hour 4 minute A. M.

21. I hereby certify that I attended the deceased from 12-21-41  
to Jan 5, 1942, 1942  
that I last saw her alive on Dec 21, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Bilateral Bronchial Pneumonia

Due to Chronic Myocarditis

Due to \_\_\_\_\_

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations 107  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Wm. V. M. Kelly (M. D. or other) O

Address Chamois Date signed 1-6-42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

76  
0  
0

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**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 Otto T. Stocksick

Licensed Embalmer No. 1902

P. O. Address Chambers, me.

**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.**