

FILED APR 16 1942
Registration District No. **3447**

Primary Registration District No. **17209**

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

1. PLACE OF DEATH:

(a) County **Henry**
(b) City or town **Montrose Mo**
(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 **1**
(Specify whether
In this community **50 yrs**
years, months or days)

3. (a) PRINT FULL NAME **GIELEP, MARY**

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: **3**
6. (b) Name of husband **Geo Gielep** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: **Apr 7 1864**
(Month) (Day) (Year)

8. AGE: Years **77** Months **11** Days **8**
If less than one day _____ hr. _____ min.

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

10. Usual occupation **Housewife**

11. Industry or business _____

MOTHER FATHER
12. Name **John H Gielep**
13. Birthplace **Germany** **4**
(City, town, or county) (State or foreign country)
14. Maiden name **Reinmuller**
15. Birthplace **Germany** **4**
(City, town, or county) (State or foreign country)

16. (a) Informant **Theresa Gielep**
(b) Address **Montrose Mo**

17. (a) **Burial** (b) Date thereof **3-16-1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Montrose**

18. (a) Signature of funeral director **Willing Bros**

(b) Address **Montrose**
19. **March 15, 1942** (a) (Date received local registrar) (b) **Georgia Kitchen** (c) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Henry 04**
(c) City or town **Montrose**
(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 **March** day **14**
year **1942** hour **9** minute **15** A.M.

21. I hereby certify that I attended the deceased from **3-14-42** to **3-14-42** 19____
that I last saw him alive on **3-12-1942**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Pneumonia, broncho**
Due to _____
Due to _____

Other conditions: **Myocarditis, ch.**
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy **107**
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 **Willing Bros** (M. D. or other) **0**
Address **Appleton City, Mo** Date signed **3-15-42**

RECEIVED

District Health Officer No. 7,

District File Number 4-42-310

Date Filed 4-7-42

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
on the 14th day of Mar. 1942, Registered Apprentice No. _____
working under my personal supervision.

Signed Frank Lee

Licensed Embalmer No. 1099

P. O. Address Appleton Wis Mar

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.