

BUREAU OF THE CENSUS  
FILED MAY 20 1942

Registration District No. 213

Primary Registration District No. 3014

1. PLACE OF DEATH: Cole

(a) County \_\_\_\_\_

(b) City or town Jefferson City

(c) Name of hospital or institution St. Mary's Hospital

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days

In this community 5 yrs.

2. USUAL RESIDENCE OF DECEASED: 26

(a) State Missouri (b) County Cole

(c) City or town Jefferson City

(d) Street No. 1507 E. Dunklin St.

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

3. (a) PRINT FULL NAME Bertha Gano

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 23

year 1942 hour 9 minute 50 P.M.

21. I hereby certify that I attended the deceased from Jan 10 1942 to Apr 23 1942

that I last saw him alive on Apr 23 1942

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased June 19, 1871

Immediate cause of death Cardiovascular disease

Duration years

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>10</u>	<u>4</u>	hr. _____ min. _____

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

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

9. Birthplace Connorsville Ind. (City, town, or county) (State or foreign country) 1

Other conditions Apoplexy (Include pregnancy within 3 months of death) 2 days

10. Usual occupation Housewife

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

MOTHER FATHER {

12. Name Jonathon Hittle

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

14. Maiden name unknown (City, town, or county) (State or foreign country) 9

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

Major findings: Of operations None 938

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs H.W. Rollmann

(b) Address Jefferson City, Mo.

17. (a) Burial & Removal Date thereof 4/24/42

(b) Place: burial or cremation Helena, Okla

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? \_\_\_\_\_

18. (a) Signature of funeral director Breacher Funeral Home (Specify type of place) \_\_\_\_\_

(b) Address Jefferson City, Mo. (c) Means of injury \_\_\_\_\_

19. (a) 4-24-42 (b) Norma Sichter (Date received local registrar) (Registrar's signature)

23. Signature [Signature] (M. D. or other) \_\_\_\_\_

Address Jefferson City, Mo. Date 4/24/42

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

JUL - 11942

**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

*Victor Buescher*

Licensed Embalmer No. 3701

P.O. Address Jefferson City, 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.**