

FILED JUL 7 1942
Registration District No. 218

Primary Registration District No. 3015

Registrar's No. 77

1. PLACE OF DEATH:

(a) County Cooper

(b) City or town Bosneville
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St Joseph Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12-hrs
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper

(c) City or town Stover
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME EMOGENE EMELIA GEHRKEN

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 16
year 1942 hour 11 minute 05 P.M.

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

6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: June 16 1942
(Month) (-dy) (Year)

21. I hereby certify that I attended the deceased from 6-16-42 11:00 A.M., 1942, to 6-16-42, 1942; that I last saw her alive on 6-16-42, 1942; and that death occurred on the date and hour stated above.

8. AGE: Years _____ Months _____ Days _____ If less than one day 12 hr. min.

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

10. Usual occupation infant

Immediate cause of death atelectasis of lungs Duration 12 hrs.

Due to Patent Ductus Arterios.

Due to Patent Foramen ovale

Other conditions none
(Include pregnancy within 3 months of death)

MOTHER FATHER

11. Industry or business _____

12. Name Otto Gehrken

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

14. Maiden name Emelia Wehrhock

15. Birthplace Stover Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Anton Gehrken

(b) Address Stover Mo.

17. (a) Burial (b) Date thereof June 18 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Purmont Cem.

18. (a) Signature of funeral director W. H. Stover

(b) Address Stover Mo.

19. (a) June 20 42 (b) Dr. Chas. Swap
(Date received local registrar) (Registrar's signature)

Major findings: 161a

Of operations _____

Of autopsy atelectasis of both lungs
excystic part of left lower lobe

22. If death was due to external cause, 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

28. Signature Geo. W. Bl. [unclear] (M. D. or other) MD.

Address Bosneville Date signed 6-17-42

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

27
-
2

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 7-6-42

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 _____
_____, Registered Apprentice No. _____,
working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.