

FILED NOV 6 1942  
Registration District No. 104

State File No. ....

Registrar's No. 111

Primary Registration District No. 4252

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

1. PLACE OF DEATH:

(a) County Johnson  
(b) City or town Centerview  
(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 12 years, months or days Yes (Specify whether)

3. (a) PRINT FULL NAME Anna Campbell Gerard

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 Widow  
(b) Name of husband or wife Joseph C. Gerard 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Dec. 5, 1858 (Month) (Day) (Year)

8. AGE: Years 83 Months 10 Days 13 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Paris (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business \_\_\_\_\_  
12. Name Unknown  
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9  
14. Maiden name Unknown  
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

MOTHER FATHER

16. (a) Informant Mrs Guy Goode  
(b) Address Centerview, Mo.

17. (a) Burial (b) Date thereof Oct-20-1942 (Month) (Day) (Year)  
(c) Place: burial or cremation Pilot Grove

18. (a) Signature of funeral director Sweeney Phillips  
(b) Address Warrensburg, Mo.

19. (a) Oct. 19, 1942 (Date received local registrar) (b) G. L. Williams (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson  
(c) City or town Centerview (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 \_\_\_\_\_

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 18 year 1942 hour 7:15 minute \_\_\_\_\_ P. M.  
21. I hereby certify that I attended the deceased from Sept 14 19\_\_\_\_ to Oct 18 19\_\_\_\_  
that I last saw h. or alive on 10-10-42 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer - Stomach

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) H6

Duration

PHYSICIAN

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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 G. L. Williams (M. D. or other) \_\_\_\_\_  
Address Warrensburg, Mo. Date 10-19-42

RECEIVED

District Health Officer No. 8

District File Number

Date Filed 11-5-42

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 E Ray Swzener

Licensed Embalmer No. 1121

P. O. Address Warrensburg

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.