

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED DEC 11 1942

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH

(a) County Henry
(b) City or town Clinton Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mrs Rains Hand, No main
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 mo
In this community about 14 yrs (Specify whether years, months or days)

3. (a) PRINT FULL NAME John Herman Gerds

3. (b) If veteran, name war. 3. (c) Social Security No. name

4. Sex M 5. Color or race W 6. (a) Single, widowed, married Single
6. (b) Name of husband or wife L 6. (c) Age of husband or wife if alive 5 years
7. Birth date of deceased April 30 1866
(Month) (Day) (Year)

8. AGE: Years 76 Months 6 Days 23 If less than one day
hr. min.

9. Birthplace Cole Camp, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business L

12. Name John Gerds

13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Anne Brandt 4

15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Katie Allen

(b) Address R.C. Snow

17. (a) Burial (b) Date thereof Nov 25-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Luthuan, Creighton

18. (a) Signature of funeral director Spore & Son

(b) Address Clinton Mo

19. (a) Nov. 25, 1942 Georgia Kitcher
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Henry 19
(c) City or town Creighton 7th St
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? L (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 23
year 1942 hour 8 minute A.M.

21. I hereby certify that I attended the deceased from

that I last saw him at all a he 19
and that death occurred on the date and hour stated above.

Immediate cause of death was found dead in bed Duration

was dead on arrival and attended

case as coroner. He died suddenly

Due to and death was diagnosed

as due to coronary occlusion

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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?

(Specify type of place)

While at work? (e) Means of injury

23. Signature Dr. R.S. Hallingworth M.D. Coroner

Address Clinton Mo Date signed 11/24/42

DEC 29 1942

RECEIVED

District Health Officer No. 7,

District File Number 12-42-1344

Date Filed 12-10-42

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

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

Signed

Wm Kenneth Johnson

Licensed Embalmer No. 3954

P. O. Address Clinton 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.