

FILED DEC 8 1942  
Registration District No. 274

Primary Registration District No. 3052

80  
6  
4

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

1. PLACE OF DEATH: **Pettie**

(a) County **Sedalia**

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

(c) Name of hospital or institution: **229 S. Mo.**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **24 Years**  
(Specify whether years, months or days)

In this community **24 Years**  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: **80**

(a) State **Mo.** (b) County **Pettie**

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

(d) Street No. **229 S. Mo.**  
(If rural, give location)

(e) Citizen of foreign country? **0** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Gertrude Adaliade Janssen**

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **11** day **12**  
year **1942** hour **6** minute **P.** M.

21. I hereby certify that I attended the deceased from **11-2** 19**42** to **11-12** 19**42**  
that I last saw **u** alive on **11/12** 19**42**  
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. (c) Age of husband or wife if **Victor** **Oct 18 1853** **alive** years

7. Birth date of deceased (Month) (Day) (Year)

Immediate cause of death **nephritis chronic** Duration **10 yrs.**

Due to **Myocarditis** **24yr**

Due to **Diarrhea**

8. AGE: Years Months Days If less than one day

**89** **0** **25** hr. min.

Other conditions (Include pregnancy within 3 months of death) **1318**

Major findings: Of operations \_\_\_\_\_

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

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

9. Birthplace **Zanton Germany** **4**  
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

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

12. Name **Bernard Morritz**

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

14. Maiden name **Johanna**

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

16. (a) Informant **Mrs. Mike Donahue**

(b) Address **Sedalia Mo.**

17. (a) **Burial** (b) Date thereof **Nov. 14 1942**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **La Monte Mo.**

18. (a) Signature of funeral director **McLaughlin Bros**  
**Sedalia Mo.**

(b) Address \_\_\_\_\_

19. (a) **11/13/42** (b) **Mrs Anna Berger**  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

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) (2) Means of injury

While at work? \_\_\_\_\_

23. Signature **[Signature]** (M. D. or other) **11/13/42**  
Address **Sedalia Mo.** Date signed \_\_\_\_\_

RECEIVED

District Health Officer No. 8,

District File Number .....

Date Filed 12-2-42

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**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..... Robert H. Reed .....

Licensed Embalmer No. 3745 .....

P. O. Address..... Sedalia 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.**