S. No. 2
M—5-42
v. 5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40182

FILED JAN 11 1943

Registration District No. 38 — Primary Registration District No. 3006-5-20 — Registrar's No. 300

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

1. PLACE OF DEATH:

(a) County Boone

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

(c) Name of hospital or institution: Ellis Fischel State Cancer O (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 month & 20 days (Specify whether

In this community 1 month & 20 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Chariton 21

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

(d) Street No. Salisbury Mo (If rural give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country —

3. (a) PRINT FULL NAME GERHART, JAY MAURICE

3. (b) If veteran, name war

3. (c) Social Security No. —

4. Sex M O

5. Color or race W

6. (a) Single, widowed, married, divorced 2 Divorced

6. (b) Name of husband or wife Alice

6. (c) Age of husband or wife if alive years

7. Birth date of deceased January (Month) 26 (Day) 1866 (Year)

8. AGE: Years 76 Months 11 Days If less than one day hr. min.

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

10. Usual occupation Waiter in cafe

11. Industry or business

FATHER
12. Name William Gerhart
13. Birthplace Ohio (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sarah Shuff
15. Birthplace Ohio (City, town, or county) (State or foreign country)

16. (a) Informant Gerhart, Jay Maurice

(b) Address Salisbury, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/27/42 (Month) (Day) (Year)

(c) Place: burial or cremation Prairie Hill, Chariton

18. (a) Signature of funeral director Freda Thompson

(b) Address Madison, Mo

19. (a) 12-26-42 (Date received local registrar) (b) Edna H. Barber (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 25 year 1942 hour 9 minute 35 A.M.

21. I hereby certify that I attended the deceased from November 5, 1942, to December 25, 1942; that I last saw him alive on December 25, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of Rectum	7 A.M.
Pneumonia (Broncho)	3 to 7 days
Due to Acute ulceration of Duodenum and Stomach	7-10 days
Due to Wound Infection	7-14 days

Other conditions (Include pregnancy within 3 months of death)

46d

Major findings:
Of operations Carcinoma of Rectum

Of autopsy See above.

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 J. V. Ackerman (M. D. or other) M.D.

Address Cancer Hospital Columbia Mo Date signed 12/25/42

1250 (Licensed Embalmer's Statement on Reverse Side)

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 Theo W Thompson

Licensed Embalmer No. 1420

P. O. Address Madison 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.