S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 6 1943 128

Registration District No.

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5465

State File No. 2233

Registrar's No. 78

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0

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

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town ~~Springfield~~ Rural N. Campbell
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Route #11
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ---------- (Specify whether
In this community All His Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

(c) City or town Rural ~~Springfield~~ N. Campbell
(If outside city or town limits, write "RURAL")

(d) Street No. Route #11
(If rural, give location)

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

If yes, name country ------ ----- ------ 0

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0

3. (a) PRINT FULL NAME Alfred C. Gerhart

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknown

4. Sex Male -

5. Color or race White

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

6. (b) Name of husband or wife ------ ~~Rome~~

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

7. Birth date of deceased August 27, 1896
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
✓ 46	4	28	-- hr. ---- min.

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

10. Usual occupation Odd Jobs

11. Industry or business ----------

FATHER
12. Name Alfred M. Gerhart
13. Birthplace Lebanon (City, town, or county) Pa. (State or foreign country)

MOTHER
14. Maiden name Elizabeth Kisling
15. Birthplace Unknown (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrl Alfred M. Gerhart
(b) Address Route #11

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 27 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Greenelawn Cemerty

18. (a) Signature of funeral director Thieme Funeral Home
(b) Address 1100 Boonville Ave.

19. (a) 1-26-43 (Date received local registrar) (b) H W S Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 25
year 1943 hour Six minute A. M.

21. I hereby certify that I attended the deceased from unattended 19 by Physicians;
that I last saw h alive on 19
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis	about 1 yr
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 93d	
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 W. S. Handley (M. D. or other) Health officer
Address Springfield Mo Date signed 1/26 43

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(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 Fred C. Thieme

Licensed Embalmer No. 2899

P. O. Address Springfield, 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.