

No. 2
-1-4-41
-17-39
X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3707
Registrar's No. 2

FILED FEB 8 1943
339
Registration District No. 339

Primary Registration District No. 6149

13
9
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Stoddard
(b) City or town Rural - Duck Creek
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community.....
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Stoddard
(c) City or town Rural
(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.....

3. (a) PRINT FULL NAME Ethel Charlotte Gertin
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.....
6. (b) Name of husband or wife.....
6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased: June 29 1942
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
6 15 hr. min.

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

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER
12. Name Huston Gertin
13. Birthplace Ky.
(City, town, or county) (State or foreign country)
14. Maiden name Orrilla Francis
15. Birthplace Ind.
(City, town, or county) (State or foreign country)

16. (a) Informant Huston Gertin
(b) Address Puxico Mo.

17. (a) Burial (b) Date thereof Jan. 15 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Pleasant Grove

18. (a) Signature of funeral director Floyd Morgan
(b) Address Puxico Mo.

19. (a) 1-29-1943 (b) J. M. Stammers
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 14th
year 1943 hour 2 minute - P.M.
21. I hereby certify that I attended the deceased from 11-20
1942 to 1-14 1943
that I last saw her alive on 1-7 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory infection (Lobar pneumonia)
Due to.....
Due to.....
Other conditions (Include pregnancy within 3 months of death)
108

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

Major findings:
Of operations.....
Of autopsy.....

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 A. M. Wiley (M. D. or other) MD.
Address Puxico, Mo. Date signed 1-15-43

1132

RECEIVED

District Health Office No. 2

District File Number 243-177

Date Filed 2-5-43

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.....

Licensed Embalmer No.....

P. O. Address.....

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.