

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 1462

Primary Registration District No. 5623

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Knox

(b) City or town Hardland - Rural

(c) Name of hospital or institution: SALT RIVER VALLEY

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community 78 yrs years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Knox

(c) City or town Hardland, Rural (If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME CHARLES GONNERMAN

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

4. Sex M 5. Color or Race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Sola Gonnerman 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Jan 30 1859 (Month) (Day) (Year)

8. AGE: Years 84 Months 1 Days 27 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Lee Center (City, town, or county) Ill (State or foreign country)

10. Usual occupation Farmer

11. Industry or business ✓

12. Name Adam Gonnerman

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

14. Maiden name Katherine Hatfield

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

16. (a) Informant Lee Gonnerman

(b) Address Hardland, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 29 - 43 (Month) (Day) (Year)

(c) Place: burial or cremation Maple Hills

18. (a) Signature of funeral director Bryson Easley

(b) Address Hardland, Mo.

19. (a) April 1943 (Date received local registrar) (b) Nelle Northcutt (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 27 year 1943 hour 12 minute 30 A.M.

21. I hereby certify that I attended the deceased from Oct 30 1942 to Mar 27 1943 that I last saw him alive on Feb 1 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Sclerosis - Hypertension - Chronic

Due to Arteriosclerosis - Chronic interstitial nephritis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 12/a

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

Duration Chronic

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_

Signature H.O. Newton (M. D. or other) La Plata Mo Date signed 3/30/43

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

5200

1146

RECEIVED

District Health Officer No. 10

District File Number 5-43-898

Date Filed MAY 21 1943

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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.....

*Geo B Easley Jr*

Licensed Embalmer No.....

P. O. Address.....

*Hurdland Mrs*

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.