

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

Registrar's No. 50

Registration District No. 176

Primary Registration District No. 4278

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

1. PLACE OF DEATH:

(a) County Lawrence

(b) City or town Miller

(c) Name of hospital or institution: IL

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

(d) Length of stay: In hospital or institution all his life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence

(c) City or town Miller

(If outside city or town limits, write "RURAL")

(d) Street No. 2 (If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME William Guy Gericke

3. (b) If veteran, name war No

3. (c) Social Security No. No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26 year 1943 hour 11 minute 20 P.M.

21. I hereby certify that I attended the deceased from Apr 26 Apr 26 1943 to Apr 26 1943 that I last saw him alive on Apr 26 and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Maggie Gericke

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased 8-21-1874

(Month) (Day) (Year)

Immediate cause of death apoplexy

Duration Sudden

8. AGE: Years 68 Months 8 Days 10 If less than one day hr. min.

9. Birthplace Lawrence Co. Mo.

(City, town, or county) (State or foreign country)

Due to 83a!

Due to

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation

11. Industry or business

MOTHER FATHER {

12. Name William Franklin Gericke

13. Birthplace Germany

(City, town, or county) (State or foreign country)

14. Maiden name Mary Nutting

15. Birthplace Wisconsin

(City, town, or county) (State or foreign country)

Major findings: Of operations

Of autopsy

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

16. (a) Informant Mrs. Maggie Gericke

(b) Address Miller Mo.

17. (a) Burial (b) Date thereof May 20

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation See More

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?

18. (a) Signature of funeral director Maria Simon

(b) Address Miller Mo.

19. (a) May 20 (b) Anna Whitney

(Date received by registrar) (Registrar's signature)

23. Signature L. J. Holmer (M. D. or other) MD.

Address Miller Mo. Date signed 4-27-43

RECEIVED

District Health Officer No. 6,

District File Number 643-747

Date Filed JUN 29 1943

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 L. B. Leiman

Licensed Embalmer No. 3297

P. O. Address Miller 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.