

Registration District No. 342

Primary Registration District No. 6153

1. PLACE OF DEATH:

(a) County Stoddard
(b) City or town Rural Pike twp
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
In this community 14 months
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard
(c) City or town Rural
(d) Street No. _____
(e) Citizen of foreign country? NO
If yes, name country _____

3. (a) PRINT FULL NAME LENA REHM

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Henry Gehrm 6. (c) Age of husband or wife if alive — years

7. Birth date of deceased June 9 1857
(Month) (Day) (Year)

8. AGE: Years 86 Months 3 Days 12 If less than one day hr. _____ min. _____

9. Birthplace Bells Mine Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Joseph Louis Hurst

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

14. Maiden name Suzanne Newman

15. Birthplace Bells Mine Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. W. B. Cragan

(b) Address Edesau, Texas

17. (a) Burial (b) Date thereof Sept. 23 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Putnam Ridge
Sturgis, Kentucky

18. (a) Signature of funeral director Advance
(b) Address Advance, Mo.

19. (a) Sept 28 1943 (b) M. P. Shriver
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 21
year 1943 hour 10 minute 20 P.M.

21. I hereby certify that I attended the deceased from march 1943 to Sept. 21 1943
that I last saw her alive on Sept 18 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of uterus

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

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 E. P. Masters (M. D. or other) MD
Address Advance, Mo. Date signed 9/23/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

RECEIVED

District Health Office No. 2

District File Number 1143-~~1143~~

Date Filed 11-3-43

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.....

Lloyd S. Morgan....., Registered Apprentice No.
working under my personal supervision.

Signed Lloyd S. Morgan.....

Licensed Embalmer No. 3361

P. O. Address Advance, Md

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.