

S. No. 2
-9.4.41
5-17-39
PI X2248

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

3899

State File No.

FILED DEC 4 1943

Registration District No. 92

Primary Registration District No. 5203

Registrar's No.

29

0
0

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

1. PLACE OF DEATH:

(a) County Dade

(b) City or town Rural Grant Township
(If outside city or town limits, write "RURAL" and name of township)

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

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

In this community 64 years (Yes or No)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dade 29

(c) City or town Rural Grant Township 0
(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..... 0

3. (a) PRINT FULL NAME Marie Gehner

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex F

5. Color or race White

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

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

6. (c) Age of husband or wife if alive 1872 years

7. Birth date of deceased September 27 1872
(Month) (Day) (Year)

8. AGE: Years 71 Months No Days 15 If less than one day
hr. min.

9. Birthplace Byran Germany 4
(City, town, or county) (State or foreign country)

10. Usual occupation House Work

11. Industry or business.....

12. Name Emile Radefeld 4

13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Anna Barbara Schramm

15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant George Gehner

(b) Address Lockwood, Missouri

17. (a) Burial (b) Date thereof Oct 14-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Zion Lutheran Cem

18. (a) Signature of funeral director R. L. Hammerschild

(b) Address Lockwood, Missouri

19. (a) Oct 13-1943 (b) Benjamin M. Conner
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct 10 day.....
year 1943 hour 7 PM minute..... M.

21. I hereby certify that I attended the deceased from Oct 9, 1943, to Oct 10, 1943;
that I last saw her alive on Oct 10, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Strangulated Inguinal Hernia

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations..... 122a!

Of autopsy.....

Duration

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) (e) Means of injury 0

23. Signature James A. Wray (M. D. or D. O.)

Address Lockwood, Mo. Date signed 10-13-43

1083

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 6,

District File Number 1143-1238

Date Filed NOV 30 1949

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 me
....., Registered Apprentice No.
working under my personal supervision.

Signed

R. L. Hamschell

Licensed Embalmer No. 3237

P. O. Address Larkwood 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.