S. No. 2
0M—2-43
v 5-17-39
I X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 15 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 42511

Registration District No. 146 Primary Registration District No. 5568 Registrar's No. 313

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Blue Township (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: No. River Road RR #1 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 8 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Missouri (b) County Jackson
(c) City or town Rural RR #1 ~~Jackson County~~ (If outside city or town limits, write "RURAL")
(d) Street No. ~~RR 3~~ No. River Rd. (If rural, give location)
(e) Citizen of foreign country? No (Yes
If yes, name country

3. (a) PRINT FULL NAME Samuel Henry Gehlman
3. (b) If veteran, name war →
3. (c) Social Security No. →
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Janette Gehlman
6. (c) Age of husband or wife if alive years
7. Birth date of deceased May 30 (Month) 1851 (Day) (Year)

8. AGE: Years 92 Months 6 Days 9 If less than one day hr. min.

9. Birthplace Springfield (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Real Estate
11. Industry or business
FATHER
12. Name Ernest Gehlman
13. Birthplace Germany (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Dent Kerr
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. O. F. Schulke
(b) Address R. R. 1 - Box 212 Independence Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Dec 10 - 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Springfield Illinois
18. (a) Signature of funeral director Otto Mitchell
(b) Address 310 N. Main Independence Mo
19. (a) 12-10-1943 (Date received local registrar) (b) James W. Ross (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month ~~Nov~~ 12 day 9 year 1943 hour minute M.

21. I hereby certify that I attended the deceased from Sept 1943 to 12 ~~Nov~~ 9 1943; that I last saw him alive on ~~Nov~~ 12-6 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Valvular Heart disease	Several yrs
Due to Arteriosclerosis	10 yrs
Due to	
Other conditions Enteritis (Include pregnancy within 3 months of death)	3 days

Major findings:
Of operations
Of autopsy

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? ✓ (Specify type of place)
While at work? ✓ (e) Means of injury

23. Signature J. C. Hickman (M. D. or other)
Address Independence Mo Date signed Dec. 9-43

(Licensed Embalmer's Statement on Reverse Side)

90 6 F

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 Henry G. Mitchell

Licensed Embalmer No. 3925

P. O. Address Lindep, 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.