

FILED JAN 6 1944

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

Registration District No. 360

Primary Registration District No. 6225

Registrar's No. 176

1. PLACE OF DEATH:

(a) County Person  
(b) City or town Person - Washington  
(c) Name of hospital or institution: State Hosp # 32  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 10 months  
In this community same  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Benton Co.  
(c) City or town Cole Camp  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Adolph Gerhardt

3. (b) If veteran, name war

None

3. (c) Social Security No.

Mo

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 10  
year 1943 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from Nov. 15  
1938, to Dec 10, 1943  
that I last saw him alive on Dec 9, 1943  
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, Widowed

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

6. (c) Age of husband or wife if \_\_\_\_\_

7. Birth date of deceased: June 5 1870  
(Month) (Day) (Year)

8. AGE:

Years 73 Months 6 Days 5  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace

Benton Co. Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation

Farmer

11. Industry or business

MOTHER FATHER

12. Name

August Gerhardt

13. Birthplace

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

14. Maiden name

Anna Hallack

15. Birthplace

Benton Co Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant

Wass Reed

(b) Address

Nevada, Mo

17. (a)

Burial  
(Burial, cremation, or removal)

(b) Date thereof

12-13-43  
(Month) (Day) (Year)

(c) Place: burial or cremation

Newton Burial Park

18. (a) Signature of funeral director

Hay Funeral Service

(b) Address

Nevada, Mo

19. (a)

12-13-43  
(Date received local registrar)

(b)

Hazel B. Burch  
(Registrar's signature)

Immediate cause of death

Carcinoma of stomach

Other conditions

H68  
(Includes pregnancy within 3 months of death)

Major findings:

Of operations \_\_\_\_\_  
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 \_\_\_\_\_

23. Signature Wass Reed (M. D. or other) \_\_\_\_\_  
Address Nevada Date signed 12/10/43

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

RECEIVED

District Health Officer No. 7,

District File Number 12-43-1406

Date Filed 1-5-44

---

---

**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 Mack A. Braswell

Licensed Embalmer No. 2829

P. O. Address.....

**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.**