

No. 2
4-13-40
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MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 4730
Registrar's No. ✓

FILED FEB 8 1944
Registration District No. 379448

Primary Registration District No. 4522

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

1. PLACE OF DEATH:

(a) County Vernon

(b) City or town Harwood, Mo.
(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 1
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon 108

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

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

(e) If foreign born, how long in U. S. A? 0 years.

3. (a) PRINT FULL NAME Adam Gerster

3. (b) If veteran, name war X

3. (c) Social Security No. X

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

6. (b) Name of husband or wife AUGUSTA MATTIGER 6. (c) Age of husband or wife if alive 2 years

7. Birth date of deceased Jan. 1 1861
(Month) (Day) (Year)

8. AGE: Years 83 Months 0 Days 12 If less than one day
hr. _____ min.

9. Birthplace Wood County Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Retired farmer

11. Industry or business _____

MOTHER FATHER { 12. Name John Gerster

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

14. Maiden name Elizabath Woods

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

16. (a) Informant Mrs. Ruth Harris

(b) Address Kansas City, Mo.

17. (a) Burial (b) Date thereof Jan. 16, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place; burial or cremation Lefler Cemetery

18. (a) Signature of funeral director OWENSON

(b) Address Harwood, Missouri

19. (a) Jan-15-44 (b) Willey Hennessy
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 13
year 1944 hour 11 minute 54 P. M.

21. I hereby certify that I attended the deceased from Jan. 5, 1944 to Jan. 13, 1944, that I last saw him alive on Jan. 13, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death Bronchio-pneumonia 8 days
Duration

Due to 93d

Due to _____

Other conditions Chronic myocarditis 5 years
(Include pregnancy within 3 months of death)

PHYSICIAN _____

Major findings:
Of operations _____

Of autopsy _____

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 J. B. Stokio (M. D. or other) 0

Address Harwood, Mo. Date signed 1/15/44

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Health Officer No. 71

District File Number 1-44-93

Date Filed 2-7-44

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 *W. H. Haggone*

Licensed Embalmer No. 2709

P. O. Address Harwood, Missouri

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.