

FILED FEB 28 1944

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7594

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

Registration District No. 283

Primary Registration District No. 5655

Registrar's No. 32

1. PLACE OF DEATH:

(a) County Lawrence  
(b) City or town Mount Vernon  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Missouri State Sanatorium  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 257 days  
(Specify whether  
In this community 257 days  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis 80  
(c) City or town Sedalia 6  
(If outside city or town limits, write "RURAL") 7  
(d) Street No. 1405 South Moniteau  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Irma Gehle

3. (b) If veteran, name war No 3. (c) Social Security No. Unknown

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

6. (b) Name of husband or wife Gary V. Gehle 6. (c) Age of husband or wife if alive 24 years

7. Birth date of deceased July 15 1917  
(Month) (Day) (Year)

8. AGE: Years 26 Months 7 Days 2 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Pettis County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Stenographer

11. Industry or business Social Security Office

12. Name James W. Williams

13. Birthplace Morgan County Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Grace Williams

15. Birthplace Morgan County Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant E. McMichael, Record Clerk

(b) Address Mo. State San. Mt. Vernon, Mo.

17. (a) Removal (b) Date thereof July 18, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sedalia, Mo.

18. (a) Signature of funeral director Geo. B. Orr

(b) Address Mount Vernon, Mo.

19. (a) 2/19/44 (b) Daisy Crayford  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 18th  
year 1944 hour 12:20 minute P M.

21. I hereby certify that I attended the deceased from June 16th 1943 to Feb. 18th 1944  
that I last saw her alive on Feb. 18th 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Dec ap pts  
Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions The Laryngitis + Bronchitis 1 yr  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy 13 pl 13 pl

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 1

23. Signature Charles A. Brucher (M. D. or other) M.D.

Address Mount Vernon, Mo. Date signed 2-18-44

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

MOTHER FATHER

1338

RECEIVED

District Health Officer No. 8,

District File Number ~~244-227~~

Date Filed ~~FEB 25 1944~~

AUG 25 1944

MAR 4 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.....

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

Signed *Geo. B. Orr*

Licensed Embalmer No. *946*

P. O. Address *Mt Vernon 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.