

FILED MAY 19 1944

Registration District No. 5303

Primary Registration District No. 5303

101

1. PLACE OF DEATH:

(a) County Cole
(b) City or town RURAL--Jefferson Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
R.R.#3, Jefferson City, Missouri
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 65 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. R.R.#3, Jefferson City, Mo
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Christine Gerbes

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

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

6. (b) Name of husband or wife John Gerbes 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased September 29 1863
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>6</u>	<u>25</u>	hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER {
12. Name Not Known
13. Birthplace Not Known (City, town, or county) (State or foreign country)
14. Maiden name Not Known
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant Joe Gerbes
(b) Address Jefferson City, Missouri

17. (a) Burial (b) Date thereof Apr-25-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Resurrection Cemetery

18. (a) Signature of funeral director Thomas J. Gordon
(b) Address Jefferson City, Missouri

19. (a) 4-24-44 (b) Thomas J. Gordon
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 23
year 1944 hour 8 minute A M.

21. I hereby certify that I attended the deceased from Apr 22 to Apr 24 1944 that I last saw her alive on Apr 23 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Due to Arteriosclerosis

Due to _____
Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____

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 W. Taylor (M.D. or other) _____
Address Jefferson City, Mo Date signed 4-24-44

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 5-6-44

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 Thorpe J. Gordon
Licensed Embalmer No. 1786

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.