

1. PLACE OF DEATH:

(a) County. Randolph
(b) City or town. Moberly
(c) Name of hospital or institution: Woodland Hospital
(d) Length of stay: In hospital or institution. 19 days
In this community. ✓

3. (a) PRINT FULL NAME IDA GONNERMAN

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

4. Sex. F 5. Color or race. W
6. (b) Name of husband or wife. CHAS. GONNERMAN
7. Birth date of deceased. 17 1879

8. AGE: Years 64 Months 8 Days 22

9. Birthplace. La Plata Mo. 10

10. Usual occupation. Housewife

11. Industry or business

MOTHER FATHER { 12. Name. David Becker
13. Birthplace. Pa 1
14. Maiden name. Vera Bailey
15. Birthplace. Mo. 0

16. (a) Informant. Mary Gonnerman

(b) Address. Kansas City, Mo.

17. (a) Burial (b) Date thereof. 6-11-44

(c) Place: burial or cremation. Maple Hill

18. (a) Signature of funeral director. [Signature]

(b) Address. [Address]

19. (a) 6/11/44 (b) Irma Hove

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Knox
(c) City or town. Novelty
(d) Street No.
(e) Citizen of foreign country? No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month. June day. 9
year. 44 hour. 11 minute. 9 M.

21. I hereby certify that I attended the deceased from May 21 1944 to June 4 1944
that I last saw her alive on June 9 1944
and that death occurred on the date and hour stated above.

Immediate cause of death. Chr. Myocarditis

Due to. Hypertension

Due to. Cardiac Hypertrophy

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?
(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. [Signature] (M. D. or other)
Address. [Address] Date signed. 6/10/44

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

RECEIVED

District Health Officer No. 10

District File Number 2-44-1245

Date Filed JUL 10 1944

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 Beasley Jr

Licensed Embalmer No 3755

P. O. Address Huddell 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.