

I. PLACE OF DEATH:

(a) County FRANKLIN  
(b) City or town SULLIVAN  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
NORTHSIDE HOSPITAL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 Weeks  
(Specify whether  
In this community Life  
years, months or days)

8. (a) PRINT FULL NAME DAUNY GEHLAUF

8. (b) If veteran, name war No 8. (c) Social Security No. None

4. Sex Female 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 alive \_\_\_\_\_ years

7. Birth date of deceased December 13, 1867  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>8</u>	<u>7</u>	_____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business Home

12. Name Andrew J. Robertson

18. Birthplace Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Caroline Bledsoe

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

16. (a) Informant Ernst Gehlauf

(b) Address Sullivan, Missouri.

17. (a) Burial (b) Date thereof Aug. 23, 44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Sullivan, Mo.

18. (a) Signature of funeral director Miss. H. Steffen  
(b) Address Sullivan, Missouri.

19. (a) 8-23-44 (b) Ernst Gehlauf  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County FRANKLIN 36

(c) City or town SULLIVAN  
(If outside city or town limits, write "RURAL") 0

(d) Street No. \_\_\_\_\_  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG. day 20th  
year 1944 hour 1 minute 45 P.M.

21. I hereby certify that I attended the deceased from July 14, 1942 to August 20, 1944  
that I last saw her alive on August 20, 1944, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Asthama  
Nephritis Chronica.

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

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

Other conditions Uremic Coma  
(Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy No 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 Samuel R. Edwards (M. D. or other) \_\_\_\_\_

Address Sullivan, Mo. Date signed 8/22/44

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

MOTHER FATHER

OCT 23 1944

RECEIVED

District Health Officer No.

District File Number.....

Date Filed 9-12-44

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 Edgar W. Sullivan

Licensed Embalmer No. 13394

P. O. Address Sullivan, 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, above space should be left blank.