S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 14 1944

Registration District No. 64

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5247

State File No. 37457

Registrar's No. 68

1. PLACE OF DEATH:

(a) County Chariton

(b) City or town rural Salisbury
(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 (Specify whether
In this community Lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Chariton 21

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

(d) Street No. South of Salisbury 4 miles
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Louis C. Gebhardt

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Male 0

5. Color or race Wh

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Sofia Gebhardt

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased March (Month) 27 (Day) 1864 (Year)

8. AGE: Years 80 Months 7 Days 15 If less than one day ___ hr. ___ min.

9. Birthplace Forrest Green (City, town, or county) 0 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business —

FATHER
12. Name Nickolas Gebhardt
13. Birthplace — (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name — Miller
15. Birthplace — (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Mrs. Sofia Gebhardt 10

(b) Address Salisbury Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-17-44 (Month) (Day) (Year)

(c) Place: burial or cremation Salem Lutheran Cemetery

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

(b) Address Salisbury Mo.

19. (a) 11/15/44 (Date received local registrar) (b) R A Gebhardt (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 12 year 1944 hour 6 minute 8 M.

21. I hereby certify that I attended the deceased from Nov 3, 1944, to Nov 12, 1944 that I last saw him alive on Nov 10, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia

Due to

Due to

108

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 0

23. Signature [signature] (M. D. or other)

Address Salisbury Mo Date signed 11/13/44

1023

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
File Number
Date Filed 11-15-44

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 Chas H Winkelmeyer

Licensed Embalmer No. 3842

P. O. Address Salisbury Md

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.