

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

2287

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

Registrar's No. 25

FILED FEB 9 1945

Registration District No. 13

Primary Registration District No. 4213

1. PLACE OF DEATH:

(a) County Lenny  
(b) City or town Montrose  
(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 \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME

GERTIE ANN GOOK

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 married  
6. (b) Name of husband or wife O.B. Gook 6. (c) Age of husband or wife if alive 63 years  
7. Birth date of deceased 12 (Month) 12 (Day) 1881 (Year)

8. AGE: Years Months Days If less than one day  
63 1 8 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name John L Paul  
13. Birthplace Mo (City, town, or county) (State or foreign country)  
14. Maiden name S. Dacey Short  
15. Birthplace Mo (City, town, or county) (State or foreign country)

16. (a) Informant O.B. Gook

(b) Address Montrose

17. (a) Buried (Burial, cremation, or removal) (b) Date thereof Jan 24 - 45 (Month) (Day) (Year)

(c) Place: burial or cremation Appleton City Mo

18. (a) Signature of funeral director William B...

(b) Address Montrose

19. (a) January 25 1945 (Date received local registrar) Georgia Kitchen (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Lenny 42  
(c) City or town Montrose 0  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 20  
year 1945 hour 11 minute 200 A.M.

21. I hereby certify that I attended the deceased from Apr 19, 1943, to Jan 20, 1945  
that I last saw her alive on Jan 20, 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Ch. parenchymatous nephritis Duration 1 yr

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

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

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature W.E. Baggaly (M. D. or other) Mo  
Address Montrose Mo Date signed 1-21-45

1069 (Licensed Embalmer's Statement on Reverse Side)

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

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 *me*  
on *Jan 20<sup>th</sup>* day of *Jan* 19*44*, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed *Frank Lee*

Licensed Embalmer No. *1099*

P. O. Address *Appleton Wis. 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.