

FILED MAY 11 1945

Registration District No. 118

Primary Registration District No. 5439

Registrar's No. 128

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

1. PLACE OF DEATH:

(a) County Gasconade
(b) City or town Rural Canaan Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Near Rosebud
(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 Gasconade
(c) City or town Rural 37
(If outside city or town limits, write "RURAL")
(d) Street No. near Rosebud 11
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME WILHELM HEINRICH GEHNER

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

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ida Lienenbracker Gehner
6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased August 9 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 8 24 hr. - min.

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

10. Usual occupation Farming

11. Industry or business _____

12. Name Frau Wilhelm Gehner

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

14. Maiden name Eliese Meier

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

16. (a) Informant Mrs. Ida Gehner

(b) Address Rosebud, Mo.

17. (a) Burial (b) Date thereof May 6 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rosebud Lutheran Cem.

18. (a) Signature of funeral director Milford W. Winter
(b) Address Odena, Mo.

19. (a) May 6 1945 (b) Mystle M. Wentzel
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3
year 1945 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from May 1 1945 to May 3 1945
that I last saw him alive on May 2 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 1/2 hr.

Due to Chronic Myocarditis 2 yrs.

Due to Hypertension 2 yrs.

Other conditions Arteriosclerosis 2 yrs.
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____
PHYSICIAN gpd
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 Paul A. Branner M.D. (M. D. or other)
Address Odena, Mo. Date signed 5-4-45

