

S. No. 2  
M-1-4-41  
v. 5-17-39  
X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

FILED DEC 7 1945 STANDARD CERTIFICATE OF DEATH

State File No. 36629

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 1258

1. PLACE OF DEATH:

(a) County BUNDELAND  
(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Missouri Methodists Hosp  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 16 hrs.  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME MINN ROBERTA GAVNER

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 Donald 6. (c) Age of husband or wife if alive 22 years

7. Birth date of deceased Oct 22 1924  
(Month) (Day) (Year)

8. AGE: Years 21 Months 1 Days 1 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Benjamin E. John (GOHN)

13. Birthplace Wabtown Penn.  
(City, town, or county) (State or foreign country)

14. Maiden name Gertude Mae GORNEK

15. Birthplace Burlington Gt. Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Gertude Mae Gohn

(b) Address Bedford Iowa

17. (a) Burial (b) Date thereof Nov. 23 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Conway Iowa

18. (a) Signature of funeral director Stanley Swanson

(b) Address Hopkins Mo

19. (a) Nov 30 1945 (b) H. H. Mischak  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Iowa (b) County Taylor  
(c) City or town Bedford  
(If outside city or town limits, write "RURAL")  
(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 Nov. day 21  
year 1945 hour 2 minute P. M.

21. I hereby certify that I attended the deceased from Nov 20 11:30 pm 45 1945 to Nov 21 - 2 pm 1945  
that I last saw her alive on Nov. 21 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Severe shock from hemorrhage Duration 6 hrs.  
Due to Ruptured ectopic pregnancy left tube 6 weeks  
Due to \_\_\_\_\_

Other conditions Tubal pregnancy 6 weeks  
(Include pregnancy within 3 months of death)

Major findings: Ruptured left tube Hemorrhage  
Of operations \_\_\_\_\_  
Of autopsy none had. 14 hrs

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 H. S. Garsal (M. D. or other) \_\_\_\_\_  
Address St. Joseph Mo Date signed 11-23-45

1424 (Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

DEC 17 1948

DEC 17 1948

DEC 17 1948

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.....

.....  
working under my personal supervision.

*myself*

....., Registered Apprentice No.....

Signed

*Stanley Swanson*

Licensed Embalmer No. *3963*

P. O. Address *Hopkins, 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.**