

No. 2  
4-13-40  
6-17-39  
I X23159

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

FILED FEB 11 1946  
Registration District No. 347

Primary Registration District No. 61524

Registrar's No. 4

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

1. PLACE OF DEATH:

(a) County Stoddard

(b) City or town Depton R. Rural  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None / Library  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None  
(Specify whether)

In this community 4.3 yrs  
years, months or days

3. (a) PRINT FULL NAME Yvonne G. Gaerig

3. (b) If veteran, name war: —

3. (c) Social Security No. None

4. Sex R / 5. Color or race wh

6. (a) Single, widowed, married, divorced un /

6. (b) Name of husband or wife to R. Gaerig

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

7. Birth date of deceased Jan 1st 1865  
(Month) (Day) (Year)

8. AGE: Years 78 Months — Days 24 If less than one day — hr. — / min. —

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

10. Usual occupation Domestic

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

MOTHER FATHER

12. Name Thos Keeley

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

14. Maiden name J. K.

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

16. (a) Informant Milo Gaerig

(b) Address Depton R 2

17. (a) Under Coffin (b) Date thereof Jan 26 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Under Coffin

18. (a) Signature of funeral director Charles Sew

(b) Address Campbell mo

19. (a) 1-28-46 (b) Nora Smith  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Stoddard

(c) City or town Depton R 2  
(If outside city or town limits, write "RURAL")

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

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 25  
year 1946 hour 8 minute 30 M.

21. I hereby certify that I attended the deceased from 1-10 1946 to 1-25 1946  
that I last saw her alive on 1-23 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy

Due to Arteriosclerosis et. Hypertension

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

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations no

Of autopsy no

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 no

(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 J. J. Lewis (M. D. or other) \_\_\_\_\_  
Address Depton Date signed 1-26-46

RECEIVED  
District Health Office No. 2,  
District File Number 246-211  
Date Filed 2-8-46

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**