

No. 2  
-1-4-41  
5-17-39  
PI X28390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

10135

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

Registration District No. 212

Primary Registration District No. 4326

Registrar's No. 17

1. PLACE OF DEATH:

(a) County Miller

(b) City or town Olean  
(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 years, months or days)

In this community \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Miller

(c) City or town Olean  
(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 \_\_\_\_\_

3. (a) PRINT FULL NAME Flora Gattermeir

(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13  
year 1946 hour 12 minute 40P M.

21. I hereby certify that I attended the deceased from March 12  
46 to March 13 1946  
that I last saw her alive on March 13 1946  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Joseph 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased May 28 1873  
(Month) (Day) (Year)

Immediate cause of death \_\_\_\_\_  
Myocarditis, with  
bronchial asthma.  
Due to undetermined.

8. AGE: Years Months Days If less than one day

72 9 15 hr. \_\_\_\_\_ min.

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

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

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

10. Usual occupation Housewife

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER { 12. Name Peter Shikles

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

{ 14. Maiden name Unknown

{ 15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

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? \_\_\_\_\_

16. (a) Informant John Gattermeir

(b) Address Olean, Missouri

17. (a) Burial (b) Date thereof 3-15-1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Olean Cemetery

18. (a) Signature of funeral director Phillips Funeral Home

(b) Address Eldon, Missouri

19. (a) Mar. 14, 46 (b) Alberta Walk  
(Date received local registrar) (Registrar's signature)

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

23. Signature E. Shelton (M. D. or other) \_\_\_\_\_  
Address Eldon Mo Date signed March 14, 46

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

66  
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66  
00

192

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 4-4-46

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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.....

Louis D. Phillips

, Registered Apprentice No.....

working under my personal supervision.

Signed

*Louis D. Phillips*

Licensed Embalmer No. 3663

P. O. Address Eldon

**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.**