V. S. No. 2
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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19971

FILED JUL 1 1946

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 471

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Springfield (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 998½ Boonville (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community 59 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

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

(d) Street No. 998½ Boonville (If rural, give location) 6

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Charles L. Gehrs

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Frances Gehrs

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

7. Birth date of deceased June (Month) 15 (Day) 1869 (Year)

8. AGE: 76 Years | Months 11 | Days 16 | If less than one day hr. min.

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

10. Usual occupation Cigar Manufacturer

11. Industry or business

FATHER
12. Name Henry R. Gehrs
13. Birthplace UNK (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Sarah Jane Adams
15. Birthplace UNK (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant Frances Gehrs

(b) Address Springfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/4/46 (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary Cemetery

18. (a) Signature of funeral director H.H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) 6-3-46 (Date received local registrar) (b) Dr W E Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1 year 1946 hour 2 minute 10a. M.

21. I hereby certify that I attended the deceased from Jan. 1944 to June 1 1946 that I last saw him alive on May 30 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Lobar Pneumonia	2 da.
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Fred A. Stahl (M. D. or other)

Address Springfield, Mo. Date signed 6-1-46

(Licensed Embalmer's Statement on Reverse Side)

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 Roy H. Mercer Jr., Registered Apprentice No. 380, working under my personal supervision.

Signed Walter E. Hamilton

Licensed Embalmer No. 3808

P. O. Address Springfield, 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.