

FILED JUL 22 1946
Registration District No. 222

Primary Registration District No. 6088

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Saline

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

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

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Saline 97

(c) City or town Malta Bend "Rural"
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JOHN EDWARD GERHARD

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27
year 1946 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from Oct, 1940, to June 26, 1946
that I last saw him alive on June 26, 1946
and that death occurred on the date and hour stated above.

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife Minnie May Gerhard 6. (c) Age of husband or wife if alive, _____ years

7. Birth date of deceased: Oct - 14 - 1868
(Month) (Day) (Year)

Immediate cause of death: Carcinoma of Prostate Duration 6 Mo

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years 80 Months 8 Days 13 If less than one day hr. _____ min. _____

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

10. Usual occupation Retired Farmer

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: Of operations 5/8

Of autopsy _____

11. Industry or business _____

12. Name Anthony Gerhard

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

14. Maiden name Catherine Eggers

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

16. (a) Informant Mrs Paul Crowley
(b) Address Malta Bend Mo

17. (a) Burial (b) Date thereof 6-29-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Malta Bend Mo

18. (a) Signature of funeral director Harry Hershberger
(b) Address Marshall Mo

19. (a) 6-28-46 (b) Mrs. Earl O. Metz
(Date received local registrar) (Registrar's signature)

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 Richard P. Muckler (Phys. or other) Do.
Address Marshall, Mo Date signed 6/28/46

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

3700

24788

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

7-20-46

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

Harry E. Hershberger

Licensed Embalmer No.

4357

P. O. Address

Marshall 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.