

FILED DEC 6 1946

Registration District No. **249**

Primary Registration District No. **5847**

Registrar's No. **170**

1. PLACE OF DEATH:

(a) County **Nodaway**
(b) City or town **Wilcox, Missouri**
(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)
In this community **27 Years** years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Nodaway 74**
(c) City or town **Wilcox 8**
(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 **None**

3. (a) PRINT FULL NAME **Gertrude Haller**

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 **Widow 2**

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

7. Birth date of deceased **April 1, 1858**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
88 7 18 hr. min.

9. Birthplace **Knoxville Iowa /**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **None**

12. Name **Allen Huff**

13. Birthplace **Tenn. /**
(City, town, or county) (State or foreign country)

14. Maiden name **Isabelle Venable**

15. Birthplace **Va. /**
(City, town, or county) (State or foreign country)

16. (a) Informant **Guy Haller**

(b) Address **Maryville, Mo.**

17. (a) **Burial** (b) Date thereof **11/21/46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Wilcox Cemetery**

18. (a) Signature of funeral director **Pruse Funeral Home**

(b) Address **Maryville, Missouri**

19. (a) **Nov 20-46** (b) **Bess Holt**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **19th**
year **1946** hour **10:00** minute **A.** M.

21. I hereby certify that I attended the deceased from **JAN 15**, 19**46**, to **Nov 19**, 19**46**;
that I last saw her alive on **Nov. 17**, 19**46**
and that death occurred on the date and hour stated above.

Immediate cause of death **CHRONIC MYOCARDITIS** Duration **1 yr.**

Due to _____

Due to _____

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

Major findings: Of operations **93D**

Of autopsy _____

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 **2**

23. Signature **W.L. Landfester** (M. D. or other) **DO**

Address **Maryville, Mo.** Date signed **11-19-46**

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

MOTHER FATHER

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..... *L Gee*

Licensed Embalmer No. *2539*

P. O. Address *Maryville 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.