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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41522

FILED JAN 25 1947

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

Registration District No. \_\_\_\_\_

Primary Registration District No. 5880

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Osage  
(b) City or town Linn  
(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 Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Osage 76  
(c) City or town Linn 2  
(If outside city or town limits, write "RURAL") 2  
(d) Street No. \_\_\_\_\_ (If rural, give location) 0  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Alex Gentges

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Christine Jaegers Gentges 6. (c) Age of husband or wife if 66 years

7. Birth date of deceased May 30 1873  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
73 6 25 hr. min.

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

10. Usual occupation Farmer

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

MOTHER FATHER

12. Name Paul Gentgen 4  
13. Birthplace Germany 4  
(City, town, or county) (State or foreign country)  
14. Maiden name Gertude Koengs field  
15. Birthplace Germany 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Hugo Genggens  
(b) Address Jefferson City MO

17. (a) Burial (b) Date thereof 12-27-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Linn Mo

18. (a) Signature of funeral director Blyde Norton  
(b) Address Linn Mo

19. (a) Dec 30-1946 (b) T. A. D. ...  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 25  
year 46 hour 3 minute 45 a.m.

21. I hereby certify that I attended the deceased from 6-22-46 to 12-24-46  
that I last saw him alive on 12-24-46  
and that death occurred on the date and hour stated above.

Immediate cause of death: Hypostatic pneumonia 24 hrs  
Cerebral thrombosis 13 days  
Arteriosclerosis

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? I  
While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_  
23. Signature W. B. Baldwin (M. D. or other) DO  
Address Linn, Mo Date signed 12-27-46

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

RECEIVED  
DISTRICT EMBALMER GENERAL NO. 9,  
District File Number  
Date Filed 1-8-47

**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..... *Vernon Morton*

Licensed Embalmer No..... *4125*

P. O. Address..... *Linn*

**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.**