

DEPARTMENT OF COMMERCE
BUREAU OF CENSUS
FILED JAN 9 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43325**
Registrar's No. **84**

Registration District No. **362**

Primary Registration District No. **6234**

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

1. PLACE OF DEATH:
(a) County **Warren**
(b) City or town **Pendleton**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **life** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Warren 107**
(c) City or town **Pendleton** (If outside city or town limits, write "RURAL")
(d) Street No. **0** (If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME **Dora E. Gerdemann**

3. (b) If veteran, name war: _____ 3. (c) Social Security No. **none**

4. Sex **female** / 5. Color or race **white** 6. (a) Single, widowed, married, divorced **widowed**

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

7. Birth date of deceased **April 19, 1867**
(Month) (Day) (Year)

| | | | | |
|---------|-----------|----------|----------|----------------------|
| 8. AGE: | Years | Months | Days | If less than one day |
| | 79 | 8 | 3 | hr. _____ min. |

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

10. Usual occupation **at home**

11. Industry or business _____

MOTHER FATHER
12. Name **Frank Agee**
13. Birthplace **Virginia**
(City, town, or county) (State or foreign country)
14. Maiden name **Mary Jane Martin**
15. Birthplace **Warren County Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mr. Carl Gerdemann**
(b) Address **Pendleton, Mo.**

17. (a) **Burial** (b) Date thereof **12-24-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Warrenton, Mo.**

18. (a) Signature of funeral director **F.W. Nieburg & Co.**
(b) Address **Warrenton, Mo.**

19. (a) **12/23/46** (b) **Mrs. Fred Morany**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Dec.** day **22**
year **1946** hour **6:30** minute _____ P. M.

21. I hereby certify that I attended the deceased from **Dec 6** to **Dec 22**, 19 **46**,
that I last saw her alive on **Dec 6**, 19 **46**
and that death occurred on the date and hour stated above.

| | |
|--|-------------------|
| Immediate cause of death | Duration |
| Coronary Thrombosis | Sudden |
| Due to Chronic Endocarditis | ? |
| Due to Chronic Arthritis | many years |
| Other conditions _____ | |
| (Include pregnancy within 3 months of death) | |

Major findings: **none**
Of operations _____
Of autopsy **no** **AJH**

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) **none**
(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 **(1)**
23. Signature **JAMES O. HELM** (M. D. or other)
Address **New Branch Mo** Date signed **12-23-46**

~~Date Filed~~ 1-8-47

~~District File Number~~

District Health Officer No. 9,

RECEIVED

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 John H. Hering
Licensed Embalmer No. 3897
P. O. Address Warrenton, 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.