

FILED MAR 6 1947

Registration District No. **77**

Primary Registration District No. **206**

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

1. PLACE OF DEATH: **Cole**

(a) County **Cole**

(b) City or town **Jefferson City, Mo.**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **St. Marvs**
(If not in hospital or institution, write street number or location) **Hospital 4 da.**

(d) Length of stay: In hospital or institution **Life** (Specify whether years, months or days)

In this community **Life**

3. (a) PRINT FULL NAME **Nicholas Gemeinhardt**

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 **Margaret Gemeinhardt** 6. (c) Age of husband or wife if alive **65** years

7. Birth date of deceased **Sept 18 1872**
(Month) (Day) (Year)

8. AGE: Years 74	Months 5	Days 4	If less than one day hr. min.
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9. Birthplace **Lohman Cole Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business

12. Name **Nicholas Gemeinhardt Sr.**

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

14. Maiden name **Barbra Linhardt**

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

16. (a) Informant **Christ Gemeinhardt**

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

17. (a) (Burial, cremation, or removal) (b) Date thereof **Feb. 25**
(Month) (Day) (Year)

(c) Place: burial or cremation **Lohman Luth. Cem.**

18. (a) Signature of funeral director **Russellville, Mo.**

(b) Address

19. (a) **2-25-47** (Date received local registrar) (b) **R.P. Sommers** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Cole**

(c) City or town **Lohman Mo.**
(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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **22** 19 **47**
year hour **11 P.M.** minute M.

21. I hereby certify that I attended the deceased from **Feb 18 1947** to **Feb 22 1947**
that I last saw him alive on **Feb 22 1947**
and that death occurred on the date and hour stated above.

Immediate cause of death **Obstructive Biliary Cirrhosis**
Due to **6 hrs. Gall & bladder disease**

Due to **Choleemia**

Other conditions (Include pregnancy within 3 months of death) **125B**

22. If death was due to external causes, fill in the following:

(c) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(d) 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?

23. Signature **J. C. ...** (Specify type of place) (e) Means of injury **0**
(M. D. or other) **0**
Address **Jeff. City Mo.** Date signed **2-25-47**

Date Filed MAR 3 1947
District File Number _____
District Health Officer No. 9,
RECEIVED

APR 1 1947

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 *H. Schuchert*
Licensed Embalmer No. 5820
P. O. Address *Princeton, Ill.*

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.