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DEPARTMENT OF COMMERCE
BUREAU OF REGISTRATION
FILED MAR 31 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 13

Primary Registration District No. 3003

Registrar's No. 18

1. PLACE OF DEATH:

(a) County Barry
 (b) City or town Manett
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 208 2nd st
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution None
(Specify whether years, months or days)
 In this community over 60 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry
 (c) City or town Manett
(If outside city or town limits, write "RURAL")
 (d) Street No. 208-2nd
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country none

3. (a) PRINT FULL NAME Alice Gerhard
 3. (b) If veteran, name war None
 3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7
 year 1947 hour 10 minute 45 A.M.
 21. I hereby certify that I attended the deceased from March 7
1947 to March 7 1947
 that I last saw her alive on March 7 1947
 and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced widowed
 6. (b) Name of husband or wife William Gerhard 6. (c) Age of husband or wife if alive Deceased years
 7. Birth date of deceased March 29 1870
(Month) (Day) (Year)

Immediate cause of death Myocarditis acute
Dissecting aortic aneurysm
with infarction of myocardium
 Due to _____
 Due to _____

8. AGE: Years Months Days If less than one day
76 11 8 hr. min.

Other conditions (Include pregnancy within 3 months of death)
 Major findings: _____
 Of operations _____
 Of autopsy _____

9. Birthplace Spitz Switzerland
(City, town, or county) (State or foreign country)
 10. Usual occupation Retired Seamstress

11. Industry or business None
 12. Name Frederick Von Gonten
 13. Birthplace Spitz Switzerland
(City, town, or county) (State or foreign country)
 14. Maiden name Elizabeth Bergner
 15. Birthplace Switzerland
(City, town, or county) (State or foreign country)

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 0

16. (a) Informant Mrs Hilda Jones
 (b) Address Sapulpa Oklahoma
 17. (a) Burial (b) Date thereof Mar 9 1947
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation DOOF Cem Manett Mo

23. Signature [Signature] (M. D. or other) MD
 Address Manett Mo Date signed 3-5-47

18. (a) Signature of funeral director Callaways
 (b) Address Manett Missouri
 19. (a) 3-9-47 (b) W. M. West
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

RECEIVED

District Health Officer No. 6,

District File Number 347-329

Date Filed MAR 13 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.....

J. P. Buchanan

Licensed Embalmer No. 3179

P. O. Address Monett 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.