

No. 2
12-45
17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 25 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23298**

Registration District No. _____

Primary Registration District No. **3004**

Registrar's No. **26**

1. PLACE OF DEATH:
 (a) County **Barton**
 (b) City or town **Lamar**
 (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 **14 years** (Specify whether
 In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Barton**
 (c) City or town **Lamar** (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 _____

3. (a) PRINT FULL NAME **FRED GATHMAN, JR.**
 3. (b) If veteran, name war **WW 1**
 3. (c) Social Security No. **None**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **June** day **23**
 year **1947** hour **3** minute **00** A. M.

4. Sex **Male** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Divorced**
 6. (b) Name of husband or wife **Margaret Rea** 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **April 18 1933**
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **January 3 10 46 to June 23 1947**
 that I last saw him alive on **June 22 1947**
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
54 **2** **5** hr. min.

Immediate cause of death **Coronary occlusion, acute, severe myocarditis, chronic**
 Duration **less than 1 hour**
 Due to _____
 Due to _____

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

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation **Co-owner Garage & Car agency**

Major findings: Of operations
 Of autopsy

PHYSICIAN
 Underline the cause to which death should be charged statistically.

11. Industry or business **Gathman Bros, Chevrolet Co.**

MOTHER FATHER
 12. Name **Fred Gathman, Sr.**
 13. Birthplace **Germany**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Anna Webber**
 15. Birthplace **Bohemia**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Loyd Gathman**
 (b) Address **Lamar, Missouri**

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

17. (a) **Removal** (b) Date thereof **June 26 1947**
 (Burial, cremation; or removal) (Month) (Day) (Year)

(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?
Yes, Kansas.

(c) Place: burial or cremation **Rosebank Cemetery, Mulberry**

18. (a) Signature of funeral director **KONANTZ FUNERAL HOME**
 (b) Address **Lamar, Missouri**

While at work? _____ (Specify type of rib) _____
 (c) Means of injury _____

19. (a) **JUN 27 1947** (b) **Marie Konantz**
 (Date received local registrar) (Registrar's signature)

23. Signature **James A. Atkins** (M. D. or R. N.)
 Address **Lamar, Mo.** Date signed **26 June 47**

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

RECEIVED
District Health Officer No. 6,
District File Number 747-742
Date Filed JUN 21 1947

JUL 30 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
Harvey E. Arnce, Registered Apprentice No. 412
working under my personal supervision.

Signed

Carl F. Kovantz
Licensed Embalmer No. 2247

P. O. Address Lamar, Missouri

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.