

V. S. No. 2  
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Rev. 5-17-39  
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23767

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED AUG 11 1947  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 1017

Registration District No. 82 Primary Registration District No. 4445311

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

1. PLACE OF DEATH:  
(a) County Cooper  
(b) City or town Pilot Grove 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 65 years (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Cooper 27  
(c) City or town Pilot Grove Rural  
(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 JOHN CONRAD GERLING  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month July, day 5  
year 1947 hour 8 minute 30 A.M.  
21. I hereby certify that I attended the deceased from June 15  
1947 to July 5 1947  
that I last saw him alive on July 4 1947  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife Mary Magdalene Herling 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased June 29 1873  
(Month) (Day) (Year)

Immediate cause of death Cerebral thrombosis Duration 3 weeks

8. AGE: Years 74 Months 0 Days 6 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

9. Birthplace Fort Madison Iowa  
(City, town, or county) (State or foreign country)

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

10. Usual occupation Retired Farmer

Of autopsy \_\_\_\_\_  
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? \_\_\_\_\_

11. Industry or business Same

12. Name Stephen Gerling

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

14. Maiden name Christina Vondra

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

16. (a) Informant Mathew Minor  
(b) Address Pilot Grove, Mo.

17. (a) Burial (b) Date thereof July 7, 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Pilot Grove Catholic Ceme

18. (a) Signature of funeral director Ray Painter  
(b) Address Pilot Grove, Mo.

19. (a) 7-6-47 (b) D. Cooper  
(Date received local registrar) (Registrar's signature)

23. Signature Chas. Dudy (M. D. certifier)  
Address Pilot Grove Mo Date signed 7/11/47

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

8-8-47

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.....

.....  
working under my personal supervision.

Signed

*Rayton E. Mayo*

Registered Apprentice No. ....

Licensed Embalmer No. *3074*

P. O. Address *121st Street, 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.**