

FILED SEP 10 1947

Registration District No. 122

Primary Registration District No. 5429

Registrar's No. 17

1. PLACE OF DEATH:

(a) County Franklin

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

(c) Name of hospital or institution: (L You Hosp)
(If not in hospital or institution, write street number or location)

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

In this community Entire Life
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin

(c) City or town Gerald, Missouri
(If outside city or town limits, write "RURAL")

(d) Street No. R.T.D.
(If rural, give location)

(e) Citizen of foreign country? _____
(Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Josephina Meyer

3. (b) If veteran, name war None

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 Wm. Meyer

6. (c) Age of husband or wife if alive 14 years

7. Birth date of deceased December 14 1867
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	79	6	19	hr. min.

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

10. Usual occupation Housewife

11. Industry or business --

12. Name Gottlieb Schurkamp

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

14. Maiden name Unknown

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

16. (a) Informant Ed. H. Meyer

(b) Address Gerald, Missouri

17. (a) Burial (b) Date thereof July 5, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stone Church Cemetery

18. (a) Signature of funeral director Kornst L. Ottmann

(b) Address Gerald, Missouri

19. (a) 7-4-47 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3
year 1947 hour 7:00 minute A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death Cronary Thrombosis

Due to _____

Due to _____

Other conditions 94A
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

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? _____

23. Signature [Signature] While at work? 3
(Specify type of place) (Means of injury)

Address Union, Mo. Date signed 7-4-47

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

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MOTHER FATHER

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed..... 9-9-47

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Ernest P. Oltmann*

Licensed Embalmer No..... 4054

P. O. Address..... Gerald, 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.