

1. PLACE OF DEATH

(a) County Lafayette

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

(c) Name of hospital or institution: Lee Missouri River 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 50 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette 54

(c) City or town Body pond 0
(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 Lillian M. Gehring

(b) If veteran, name war no

(c) Social Security No. 486-05-8257

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 27 year 1947 hour 3 minute _____ M.

4. Sex Female 5. Color or race wh

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 6 24 1896
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Called as acting coroner 19 March 27 1947; that I last saw him _____ alive on _____ 19____; and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

50 9 2 hr. _____ min.

Immediate cause of death Cause unknown probably suicide by drowning Body found floating in Washington River north of Washington Mo. In water 4-5 weeks

Due to whalebone wire found

Other conditions Verdict: Cause of death "Cause of death unknown"

(Include pregnancy within 3 months of death)

Duration _____

1090

1100

9. Birthplace Cansas City Mo
(City, town, or county) (State or foreign country)

Major findings: Of operations Body unidentifiable at time of inquest

Of autopsy Autopsy

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

10. Usual occupation _____

11. Industry or business Blue Line Transfer

12. Name Carl F. Gehring

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

14. Maiden name Lula Michaux

15. Birthplace St Louis Mo
(City, town, or county) (State or foreign country)

16. (a) Informant C. H. Michaux Mo.

(b) Address 523 50 Oakley Kansas City

17. (a) Burial (b) Date thereof 3-29-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Wash team

18. (c) Signature of funeral director John P. Shiel

(b) Address Kansas City Mo

19. April 26 1947 (b) Lella Drummond
(Date received local registrar) (Registrar's signature)

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

(a) Accident, suicide, or homicide (specify) Suicide by drowning?

Date of occurrence Unknown

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? _____

(Specify type of place) _____

While at work? _____ (e) Means of injury _____

23. Signature W. M. Martin (M. D. or other) acting coroner

Address O. L. Lusa Mo Date signed 3/28/47

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

RECEIVED

District Health ~~CARD~~ No. 8,

District File Number _____

Date Filed 10-6-47

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: John P. Shield

Licensed Embalmer No. 2625

P. O. Address 6640

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.