

No. 2
-1/47
5-17-39

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **34037**

Registration District No. **82**

Primary Registration District No. **3017**

Registrar's No. **162**

1. PLACE OF DEATH:
 (a) County **Cooper**
 (b) City or town **Boonville**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution **Alex. Wainwright Hospital**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **5 hours**
(Specify whether
 In this community **All of life**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Cooper**
 (c) City or town **Boonville**
(If outside city or town limits, write "RURAL")
 (d) Street No. **613 LeRoy St.**
(If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **Mrs. Lillie Ann Gensler**
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

4. Sex **Female**
 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Widowed**
 6. (b) Name of husband or wife **James Gensler**
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **September 1 1892**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	55	1	17	_____ hr. _____ min

9. Birthplace **Cooper County, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **At home**

12. Name **George Harris**

13. Birthplace **Cooper County, Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Nannie York**

15. Birthplace **Cooper County, Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Chas. Draffen**
 (b) Address **Boonville, Mo.**

17. (a) **Burial** (b) Date thereof **Oct. 19/47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Walnut Grove Cemetery**

18. (a) Signature of funeral director **Goodman & Boller**
 (b) Address **Boonville, Mo.**

19. (a) **10-20-47** (b) **[Signature]**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **17**
 year **1947** hour **9** minute **50** p. M.

21. I hereby certify that I attended the deceased from **Aug 15**
 19 **45** to **Oct 17** 19 **47**
 that I last saw her alive on **Oct 17** 19 **47**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Apoplexy cerebri**
 Due to **Hypertension**
 Due to _____

Other conditions **None**
(Include pregnancy within 3 months of death)

Major findings: **None**
 Of operations **None**
 Of autopsy **None**

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? _____
(Specify type of place)

23. Signature **[Signature]** (M. D. or other)
 Address **Boonville, Mo.** Date signed **10.18.47**

Duration **Several years**
 PHYSICIAN _____
 Underline the cause of which death should be charged statistically.

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

RECEIVED

District Health Officer No. 8.

District File Number.....

Date Filed 10-27-47

OCT 28 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.....

William W. Wood

Registered Apprentice No. 480

working under my personal supervision.

Signed.....

J. H. Goodman

Licensed Embalmer No. 1178

P. O. Address Roanville, W. Va.

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.