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37823

FILED DEC 2 1948

State File No. _____

Registration District No. 118

Primary Registration District No. 5440

Registrar's No. 11

1. PLACE OF DEATH:

(a) County Gasconade Clay Twp
(b) City or town "Rural"
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Bland Mo. Route
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 50 Years.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gasconade
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Bland Route
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Belle Victoria Gawer

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color of race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Fritz Gawer 6. (c) Age of husband or wife if alive dead years

7. Birth date of deceased September 10 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 2 12 hr. min.

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

10. Usual occupation Housework

11. Industry or business _____

12. Name James Benner

13. Birthplace Oak Hill Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Tayloe

15. Birthplace Oak Hill Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Oscar Gawer

(b) Address Bland, Mo.

17. (a) Burial (b) Date thereof 11-25-48
(Burial, cremation, or removal) (Month) (Day) (Year)
Bland Union Cem.

(c) Place: burial or cremation _____

18. (a) Signature of funeral director Michael H. Winter

(b) Address Owensville, Mo.

19. (a) 11-27-48 (b) Dorothy Hadman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 22
year 1948 hour 4 minute _____ P. M.

21. I hereby certify that I attended the deceased from _____
1946 to 11-18, 1948

that I last saw him alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Endocarditis
Duration _____

Due to _____

Due to _____

Other conditions Diabetes
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

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) _____

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

23. Signature G. A. Burge (M. D. or other) _____

Address Bland, Mo. Date signed 11-23-48

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

MOTHER FATHER

RECEIVED
District Health Officer No. 9,
District File Number
DEC 1 1948
Date Filed

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.....me.....

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

Signed.....*Murphy N. N. Winter*.....

Licensed Embalmer No..3838.....

P. O. Address.....Owensville, 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.