

Registration District No. **352**

Primary Registration District No. **4209**

Registrar's No. **11**

1. PLACE OF DEATH:

(a) County **Henry**
(b) City or town **Montrose**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Montrose Mo Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **5 years** years, months or days **6 in 3**

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO** (b) County **Henry**
(c) City or town **Montrose**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **4**
year **1940** hour **4** minute **00** M.
21. I hereby certify that I attended the deceased from **Aug 20**
1939, to **June 4**, 19**40**
that I last saw her alive on **May 23**, 19**40**
and that death occurred on the date and hour stated above.

Immediate cause of death
Carcinoma of uterus
Due to _____
Due to **48**

Other conditions _____
(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?

3/7 While at work? **WAT** (Specify type of place) _____ (e) Means of injury _____
23. Signature **WAT** (M. D. or other) **MD**
Address **Appleton City, Mo** Date signed **6-4-40**

3. (a) PRINT FULL NAME **MARY JUSTINE GERARD**

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 **single**

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

7. Birth date of deceased **June 18 1886**
(Month) (Day) (Year)

8. AGE: Years **53** Months **11** Days **16** If less than one day _____ hr. _____ min.

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

10. Usual occupation **Domestic**

11. Industry or business **Montrose Mo**

12. Name **PETER GERARD**

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

14. Maiden name **Jasmine Widtrich**

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

16. (a) Informant **Louis Desmester**

(b) Address **Montrose Mo**

17. (a) **Burial** (b) Date thereof **June 6, 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Montrose Mo**

18. (a) Signature of funeral director **Frank Lee**

(b) Address **Appleton City Mo**

19. (a) **6-6-40** (b) **W.E. Baggerly**
(Date received local registrar) (Registrar's signature)

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

RECEIVED

District Health Officer No. 7,

District File Number 7-50-1019

Date Filed 7-9-40

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
on the 4th day of June 1940, Registered Apprentice No. _____
working under my personal supervision.

Signed Frank Lee

Licensed Embalmer No. 1099

P. O. Address Appleton City 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, above space should be left blank.