

FILED JUL 13 1942
347

Primary Registration District No. 4209

Registrar's No. 138

42000
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County: Henry

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether

In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Henry 42

(c) City or town: Montrose Mo 0
(If outside city or town limits, write "RURAL")

(d) Street No.: Rural
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Justina Gerard

3. (b) If veteran, name war.....

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15
year 1942 hour 10 a.m. minute..... M.

21. I hereby certify that I attended the deceased from Oct 20 1933 to June 15 1942
that I last saw her alive on June 9 1942
and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years (Month) (Day) (Year)

7. Birth date of deceased: Feb 16 1863
(Month) (Day) (Year)

Immediate cause of death: Ch. Myocarditis

Due to.....

Due to.....

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

79 3 29 ..hr.min.

Other conditions (Include pregnancy within 3 months of death) 93d

Major findings: Of operations.....

Of autopsy.....

9. Birthplace: Missouri (City, town, or county) 0 (State or foreign country)

10. Usual occupation: Housewife

PHYSICIAN

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business.....

12. Name: John Dertusch

13. Birthplace: Germany (City, town, or county) 4 (State or foreign country)

14. Maiden name.....

15. Birthplace: 9 (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Louis Lusmiter
(b) Address: Montrose Mo

17. (a) Burial (b) Date thereof: June 17, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Montrose Mo

18. (a) Signature of funeral director: Welling Bus
(b) Address: Montrose Mo

19. (a) June 16, 1942 (b) Georgia Kitchen
(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).....

(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?.....

While at work? (Specify type of place) (e) Means of injury.....

23. Signature: W. E. Cleet (M. D. or other) mo
Address: Appleton City Date signed: 6-16-42

RECEIVED
District Health Officer No. 7,
District File Number 7-42-201
Date Filed 7-7-42

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 Offe
on the 14th day of June 1942, Registered Apprentice No. _____
working under my personal supervision.

Signed

Frank Lee

Licensed Embalmer No. 1099

P. O. Address Appleton City MD

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.