

FILED JUN 12, 1944

State File No.

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Benton
(b) City or town Cole Camp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 86 Years
(Specify whether years, months or days)
In this community 86 Years

3. (a) PRINT FULL NAME Cord H. Gerken

3. (b) If veteran, name war No
3. (c) Social Security No. No

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs Louisia Gerken
6. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased March 3rd 1858
(Month) (Day) (Year)

8. AGE: 86 Years 3 Months 0 Days
If less than one day hr. min.

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

10. Usual occupation Retired Farmer

11. Industry or business

12. Name Cord Gerken

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

14. Maiden name Caroline Munsterman

15. Birthplace Hanover Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Albert Gerken

(b) Address Cole Camp Mo

17. (a) Burial (b) Date thereof May 15, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Paul Lutheran Cemetery

18. (a) Signature of funeral director E. E. Eickhoff

(b) Address Cole Camp Mo

19. (a) June 6, 1944 (b) Pauline Barnes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Benton
(c) City or town Cole Camp
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12th
year 1944 hour 7 minute 00 P.M.

21. I hereby certify that I attended the deceased from April 28 1944 to May 12 1944
that I last saw him alive on May 10 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral decaying
Colon with
Due to obstruction

Due to 462
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy

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 J. B. Boger (M. D.)
Address Des Moines Mo Date signed 6/15/44

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

RECEIVED

District Health Officer No. 71

District File Number

Date Filed

3-44-737
6-9-44

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

E. L. Eickhoff

Licensed Embalmer No.

730

P. O. Address

Cole Camp 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.