

S. D. 1/47
5-17-39

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

39932

State File No. _____

FILED DEC 21 1948

Registration District No. 217

Primary Registration District No. 4218

Registrar's No. 250

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Windsor
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Community Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Two days
(Specify whether
In this community 31 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry
(c) City or town Windsor
(If outside city or town limits, write "RURAL")
(d) Street No. 207 East Jackson
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Ammie Bender Gehrig

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 Married
6. (b) Name of husband or wife George H. Gehrig
6. (c) Age of husband or wife if alive 79 years
7. Birth date of deceased August 16 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 3 24 hr. min.

9. Birthplace Unknown Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name John Bender

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

14. Maiden name Mary Ackerman

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

16. (a) Informant George H. Gehrig
(b) Address Windsor, Missouri

17. (a) Burial (b) Date thereof 12-14-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Windsor, Missouri

18. (a) Signature of funeral director Huston Turner
(b) Address Windsor, Missouri

19. (a) 12-14-48 (b) R. R. Henney
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 12
year 1948 hour 8 minute 30 p. M.

21. I hereby certify that I attended the deceased from June 10 1948 to Dec 12 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of neck
Duration 4 yrs.

Due to _____
Due to _____

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

Major findings: Of operations Cancer

Of autopsy None

PHYSICIAN

Underline the cause of 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. Signatur J. A. Blackmore (M. D. or other) M.D.

Address Windsor Mo. Date signed 12-12-48

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

MOTHER FATHER

RECEIVED

District Health Officer No. 71

District File Number 11-48-1469

Date Filed 12-20-48

JAN 20 1949

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 M. Turner

Registered Apprentice No. 470

working under my personal supervision.

Signed

Edwin H. Hurd

Licensed Embalmer No. 3391

P. O. Address Windsor, 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.