

S. No. 2  
M-2-43  
5-17-39  
I X35697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18191

State File No. ....

FILED JUN 12 1947

Registrar's No. 10.

Registration District No. 221

Primary Registration District No. 5793

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

1. PLACE OF DEATH:

(a) County Moniteau Co.

(b) City or town Rural  
(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 \_\_\_\_\_ (Specify whether)

In this community \_\_\_\_\_ (years, months or days)

3. (a) PRINT FULL NAME ANNA GERLACH

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

3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Fredrick Ernest Gerlach

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Nov 4 1864  
(Month) (Day) (Year)

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

82	4	27	hr. min.
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9. Birthplace Penn.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Mrs. Fischer

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

14. Maiden name Mary Jane Server

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

16. (a) Informant Osceola Gerlach

(b) Address California Mo.

17. (a) Rural (b) Date thereof 6 2 47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lutheran Cem. Jasper Mo.

18. (a) Signature of funeral director Wm. H. Williams

(b) Address California Mo.

19. (a) June 2 47 (b) Spada M. Susser  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau

(c) City or town Rural  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31  
year 1947 hour 7 minute 30 P. M.

21. I hereby certify that I attended the deceased from May 1947 to May 31 1947

that I last saw her alive on May 31 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Valvular Disease of Heart

Duration 3

Due to Senility

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations None

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature Dr. E. W. Smith (M. D. or other)

Address Brainerd Date signed 6/2/47

RECEIVED  
District Health Officer No. 9,  
District File Number  
Date Filed JUN 11 1947

JUN 11 1947

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 Hugh E. Williams  
Licensed Embalmer No. 3537  
P. O. Address California 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.