

FEB 24 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2534

Registration District No. 300

Primary Registration District No. 5412

Registrar's No. 1

36
00

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

1. PLACE OF DEATH:

(a) County Franklin
(b) City or town Gerald, Missouri 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 Two years (Specify whether years, months or days)

8. (a) PRINT FULL NAME Bertha Marie Hacker

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, widowed 2

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

7. Birth date of deceased January 14 1865
(Month) (Day) (Year)

8. AGE: Years 76 Months - Days 8 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business

12. Name John Roener

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

14. Maiden name Hain (State or foreign country) 4

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

16. (a) Informant Mrs Rose M. Fisher

(b) Address Gerald, Missouri

17. (a) Port Hudson (b) Date thereof Jan. 25, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Port Hudson Catholic

18. (a) Signature of funeral director J. Matthews

(b) Address Franklin, Missouri

19. (a) 1-23-41 (b) J. Matthews
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin

(c) City or town Gerald, Missouri Rural
(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.? 56 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 22
year 1941 hour 4 minute 0 P. M.

21. I hereby certify that I attended the deceased from Jan 20, 1941, to Jan 22, 1941
that I last saw h. alive on Jan 22, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia Duration 3 da.

Due to _____

Due to _____

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? _____

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

23. Signature J. Matthews (M. D. or other) 1

*Address Franklin Mo Date signed 1-23-41

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 Ernst L. Sitmans

Licensed Embalmer No. 4054

P. O. Address General Missouri

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.