N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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OCT 4 2 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

32348
Do not use this space.

1. PLACE OF DEATH
(a) County Franklin 2 Registration District No. 244
(b) Township or Central 1 Primary Registration District No. 411 Registered No.
(c) City St. Clair (d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Anne Gay
(a) Residence, No. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF David Gay
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 1866
7. AGE YEARS 73 MONTHS 6 DAYS If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc. (Retired)
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

FATHER
13. NAME Jess Carpenter
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

MOTHER
15. MAIDEN NAME Nancy Eller
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

17. INFORMANT (ADDRESS) Edwin Lough St. Clair, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Zion DATE Oct. 3 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Casey & Lenox St. Clair, Mo.
20. FILED 10-8 1939 M. H. Duckworth Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 2nd 1939
22. I HEREBY CERTIFY, That I attended deceased from May 25, 1939, to Oct 2nd, 1939
I last saw her alive on Oct 1st, 1939. Death is said to have occurred on the date stated above, at 6 A. m.
The principal cause of death and related causes of importance were as follows:

Chronic Endo-Myo Carditis + Chronic Nephritis Parenchymatous — Date of onset ?

Other contributory causes of importance:
Uremic Coma 31 — Sept 30/39

Name of operation — Date of
What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) C. F. Briegleb, M. D.
(Address) St. Clair, Mo

(Licensed Embalmer's Statement on Reverse Side)

I X16609

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 K. M. Lenox

Licensed Embalmer No. 3601

P. O. Address St Clair, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.