

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 18293

Registration District No. 5348

Primary Registration District No. 5348

Registrar's No. 10

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

1. PLACE OF DEATH:

(a) County Daviess  
(b) City or town "Rural" Union Township  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1/4 Mile East Gallatin, Mo. 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community Life \_\_\_\_\_ (Specify whether)  
years, months or days)

3. (a) PRINT FULL NAME Rebecca Josephine Ninemire

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

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

6. (b) Name of husband or wife Jacob Ninemire 6. (c) Age of husband or wife if alive 4 years 1861

7. Birth date of deceased June (Month) 4 (Day) 1861 (Year)

8. AGE: Years 78 Months 11 Days 9 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER { 12. Name Ruben Campbell 9  
13. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Carrie Jane Shrum  
15. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Wm. Stevens

(b) Address Gallatin, Missouri

17. (a) Burial (b) Date thereof 5-15-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brown Cemetery

18. (a) Signature of funeral director Hope Gunn & Und. Co.

(b) Address Gallatin, Missouri

19. (a) May 13, 1940 (b) A. G. Hope  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Daviess  
(c) City or town "Rural" Union Township  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1/4 Mile East Gallatin, Mo.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13  
year 1940 hour 4 minute 00 A. M.

21. I hereby certify that I attended the deceased from May 6  
1940, to May 13 1940:  
that I last saw her alive on May 12 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Paralysis Caputis

Due to Brain disturbance

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

Other conditions Uremia 2  
(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? \_\_\_\_\_

227 (Specify type of place)  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature M. P. Bailey (M. D. or other) 3

Address Gallatin, Mo. Date signed 5/12/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

JUL 18 1947

RECEIVED  
District Health Officer No. 11,  
District File Number 640-947  
Date Filed JUN 14 1940

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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 L. O. Richesson

Licensed Embalmer No. 3302

P. O. Address Gallatin, 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, above space should be left blank.