

STANDARD CERTIFICATE OF DEATH

35166

State File No.

Registrar's No.

Registration District No. 230

Primary Registration District No. 4150

1. PLACE OF DEATH:

(a) County DAVIESS
(b) City or town GALLATIN
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 20
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County DAVIESS
(c) City or town GALLATIN
(If outside city or town limit, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 12
year 1940 hour 1 minute 15 P. M.

21. I hereby certify that I attended the deceased from 9-28-40, 19____, to 10-12-40, 19____;
that I last saw her alive on 10-12-40, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death: SEPTICEMIA
Duration _____

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? _____

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

23. Signature Edward [unclear]
Address Gallatin Mo Date signed 10/13/40

8. (a) PRINT FULL NAME LILLIAN M. WYNNE
(b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Fe 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife R. R. 6. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased DEC. 29 1861
(Month) (Day) (Year)

8. AGE: Years 78 Months 9 Days 13 If less than one day _____ hr. _____ min.

9. Birthplace GALLATIN MO
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business _____

12. Name F. MANN
13. Birthplace MO.
(City, town, or county) (State or foreign country)

14. Maiden name MARY STONE
15. Birthplace DAVIESS CO. MO.
(City, town, or county) (State or foreign country)

16. (a) Informant R. R. WYNNE
(b) Address GALLATIN MO.

17. (a) BURIAL (b) Date thereof 10-13-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BROWN CEM. GALLATIN MO

18. (a) Signature of funeral director E. M. Powell
(b) Address Gallatin Mo

19. (a) 10-13-40 (b) A. D. Hope
(Date received local registrar) (Registrar's signature)

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

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

C. M. Jones

Licensed Embalmer No

3453

P. O. Address

Leicester, N.C.

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.