

S. No. 2
M-9-4-41
v. 5-17-39
VI X29484

11274

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED APR 9 1942
1930

Registration District No.

Primary Registration District No. 5708

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Macon

(b) City or town Rural Eastley Twp
(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 1
(Specify whether years, months or days)

In this community 1
years, months or days (Specify whether)

3. (a) PRINT FULL NAME EMMA-F. GASH

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 Widowed

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

7. Birth date of deceased July 3 - 1861
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>8</u>	<u>24</u>	hr. _____ min. _____

9. Birthplace Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Thomas W. McQuinn

13. Birthplace Macon Co. Mo. 0
(City, town, or county) (State or foreign country)

14. Maiden name Eda Estel

15. Birthplace Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Lewen Gash

(b) Address La Crasse, Mo

17. (a) Burial (b) Date thereof March 29, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation La Plata

18. (a) Signature of funeral director W. J. McQuinn

(b) Address South Giffard, Mo.

19. (a) April 4 1942 (b) Minnie Streed
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Macon 061

(c) City or town Rural - East of Giffard 0
(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 March day 27
year 1942 hour 9 minute 30 P.M.

21. I hereby certify that I attended the deceased from March 17, 1942 to March 27, 1942
that I last saw him alive on March 17, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Circulatory collapse

Due to infectious gastro

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: 162 lb

Of operations _____

Of autopsy _____

Duration _____

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 fall

23. Signature Roger G. Ellis (M. D. or other) DO

Address La Plata Mo Date signed 3/31/42

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

61
0
0

1038

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 W. H. McCallum

Licensed Embalmer No. 2052

P. O. Address South Gifford, 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.