

FILED AUG 10 1942  
Registration District No. 101

Primary Registration District No. 6014

Registrar's No. 32

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

1. PLACE OF DEATH:

(a) County St Clair

(b) City or town Rural Monroeville  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
1 9 mi. S.E. of Appleton City  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....  
(Specify whether)

In this community 27 yrs  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Clair

(c) City or town Rural  
(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.....

3. (a) PRINT FULL NAME ELLEN. GAREY

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5  
year 1942 hour 3 minute 30 P.M.

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife H H Gary

6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased Sept 1 1865  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 25 1940 to June 5 1942  
that I last saw him alive on June 3 1942  
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>76</u>	<u>9</u>	<u>4</u>	hr. min.

Immediate cause of death Coronary sclerosis

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

10. Usual occupation Housekeeping

Due to 61

Due to .....

Other conditions Diabetes mellitus  
(Include pregnancy within 3 months of death)

MOTHER FATHER

11. Industry or business.....

12. Name John Goodnight

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

14. Maiden name Mary Stockton

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

Major findings:  
Of operations.....

Of autopsy.....

PHYSICIAN  
Underline the cause to which death should be charged statistically.

16. (a) Informant H H Gary

(b) Address Appleton City Mo

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

(c) Place: burial or cremation Appleton City, Mo

18. (a) Signature of funeral director Frank Lee

(b) Address Appleton City Mo

19. (a) Sena (b) Allyne Davidson  
(Date received local registration) (Signature)

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? WPA (Type of place)

23. Signature WPA (M. D. or other)

Address Appleton City Mo Date signed 6-6-42

OFFICE OF THE CLERK

RECEIVED

District Health Officer No. 7,

District File Number 8-42-858

Date Filed 8-6-42

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 MC  
on the 15 day of June 1942, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Frank Lee

Licensed Embalmer No. 1099

P. O. Address Opelika City, Ala

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.