V. S. No. 2
OM—9-4-41
ev. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 13 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25486

Registration District No. ~~605~~ 83634 Primary Registration District No. ~~4359~~ 6100 4151 Registrar's No. ~~5804~~ 28

03
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0

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

1. PLACE OF DEATH:

(a) County Stoddard
(b) City or town Rural Elk twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 1 yr. 21 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Stoddard 103
(c) City or town Rural Elk twp
(If outside city or town limits, write "RURAL")
(d) Street No. 3 mile north Parma, Mo.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME M. C. Gary

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

4. Sex Male 2
5. Color or race Negro
6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased June (Month) 21 (Day) 1941 (Year)

8. AGE:

Years	Months	Days	If less than one day
1		21	..... hr. ..... min.

9. Birthplace Stoddard (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation .....
11. Industry or business .....

FATHER
12. Name Mack Gary
13. Birthplace Holmes (City, town, or county) Mississippi 1 (State or foreign country)

MOTHER
14. Maiden name Nicy Haney
15. Birthplace ..... (City, town, or county) Louisiana 1 (State or foreign country)

16. (a) Informant Mack Gary
(b) Address Parma, Missouri, Route 1
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 13 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Catron, Missouri
18. (a) Signature of funeral director Watkins Fun. Service
(b) Address Parma Mo.
19. (a) July 18/42 (Date received local registrar) (b) ~~Mrs S. B. Rademaker~~ Cordie Miller (Registrar's signature)

1135

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12
year 1942 hour 11 a.m. minute ..... M.
21. I hereby certify that I attended the deceased from July 7, 1942, to July 12, 1942;
that I last saw him alive on July 7, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Colitis

Due to .....

Due to .....

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

Major findings:
Of operations .....
Of autopsy .....

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

119a 2

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 Geo W Husted (M. D. or other)
Address Parma Mo. Date signed 7/16/42

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 842-1060
Date Filed 8-12-42

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.