

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr W H Allen



5753

State File No.

FILED MAR 4 1943

Registration District No. 23

Primary Registration District No. 5687

Registrar's No.

1. PLACE OF DEATH:

(a) County Bates
(b) City or town Hume, Rural Hume & Junc
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Died in Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 52 Years
In this community 54 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Bates
(c) City or town Hume Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 3 1/2 Miles North west Hume
(If rural, give location)
(e) Citizen of foreign country? -- (Yes or No)
If yes, name country --

3. (a) PRINT FULL NAME

Mary Etta Gamble

3. (b) If veteran, name war --

3. (c) Social Security No. --

4. Sex F / 5. Color or race W / 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Stephen H Gamble 6. (c) Age of husband or wife if alive 88 years
7. Birth date of deceased Sept. 18 1862
(Month) (Day) (Year)

8. AGE: Years 80 Months 5 Days 2 If less than one day hr. min.

9. Birthplace Clay County Illinois /
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Henry Bishop
13. Birthplace Illinois /
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Jackson
15. Birthplace Illinois /
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Myrtle Leona Hol and

(b) Address 2327 Lawn Kansas City Mo

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

(c) Place: burial or cremation Fairmount Cem.

18. (a) Signature of funeral director Proctor

(b) Address Rich Hill Mo

19. (a) (b) Wm. M. Coleman
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 20
year 1943 hour 8:40 minute P M.

21. I hereby certify that I attended the deceased from Feb 17
Feb 20, 1943 to Feb 20, 1943
that I last saw h. ex alive on Feb 20, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia
Bilateral Duration 1 week

Due to Influenza 2 weeks

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: None PHYSICIAN

Of autopsy None
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) (b) Means of injury 0

23. Signature Wm. M. Coleman (M. D. or other)
Address Hume Date signed 2/23/43

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

MOTHER FATHER

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

John G. Underwood

Licensed Embalmer No. 3580

P. O. Address Butler Ind

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.