

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 10 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 2

Registration District No. 189 Primary Registration District No. 5701

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

1. PLACE OF DEATH:

(a) County Livingston

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

(c) Name of hospital or institution:
General Delivery Utica, Missouri.
(If not in hospital or institution, write street number or location)

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

In this community 77 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston

(c) City or town Utica
(If outside city or town limits, write "RURAL")

(d) Street No. General Delivery-Utica, Mo.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John Thomas Gudgell

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 15th
year 1943 hour 9:50 minute A. M.

21. I hereby certify that I attended the deceased from 2-14-1943 to 2-13-1943
that I last saw him alive on 2-13-1943
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race Negro

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

6. (b) Name of husband or wife Bertie Gudgell

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased Jan. 14th 1866
(Month) (Day) (Year)

Immediate cause of death Mitral Regurgitation Duration _____

Due to _____

Due to _____

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

8. AGE: Years Months Days If less than one day

77 1 1 _____ hr. _____ min.

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

10. Usual occupation Carpenter

11. Industry or business _____

MOTHER FATHER { 12. Name Henry Gudgell

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

14. Maiden name Unknown

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

Major findings: Of operations _____

Of autopsy No

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

16. (a) Informant Mrs Bertie Gudgell

(b) Address Utica, Missouri.

17. (a) Burial (b) Date thereof 2-18-'43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Utica Cemetery

18. (a) Signature of funeral director H. B. Norman Co.

(b) Address Chillicothe, Missouri.

19. (a) 2-18-'43. (b) Greta Romeser
(Date received local registrar) (Registrar's 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? _____ (Specify type of place)

(e) Means of injury: _____

23. Signature Chillicothe Mo (M. D. or other) _____
Address _____ Date signed 2-17-1943

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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.....

E. R. Norman

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

working under my personal supervision.

Signed.....

ER Norman

Licensed Embalmer No. 2374

P. O. Address Chillicothe, 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.