S. No. 2
M—9-4-41
5-17-39
I X294

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

7076

State File No.

FILED FEB 16 1943

Registration District No. 237 Primary Registration District No. ~~582~~ 4353 Registrar's No. 4

72
1
0

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

1. PLACE OF DEATH:
(a) County New Madrid
(b) City or town Gideon, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 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 17 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County New Madrid 72 1
(c) City or town Gideon, Mo. 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 0

3. (a) PRINT FULL NAME Gladys Laverne Book
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White 1
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 Sept. (Month) 20 (Day) 1925 (Year)

8. AGE:

Years	Months	Days	If less than one day
17	4	1	hr. min.

9. Birthplace Bonnie, (City, town, or county) Ill. 1 (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER
12. Name Jerry Book
13. Birthplace Mt. Vernon, (City, town, or county) Ill. 1 (State or foreign country)
MOTHER
14. Maiden name Cora Howard
15. Birthplace Toledo (City, town, or county) Ill. 1 (State or foreign country)
16. (a) Informant Jerry Book
(b) Address Gideon, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 24-1943 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Stanfield
18. (a) Signature of funeral director Lloyd Russell
(b) Address Piggott, Ark
19. (a) Jan. 24-43 (Date received local registrar) (b) Freda Macon (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month ~~Sept~~ day Jan 21 43
year ~~1942~~ hour minute M.
21. I hereby certify that I attended the deceased from Sept 1, 1942 to Jan 21, 1943
that I last saw her alive on Jan 21, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pernicious Anemia	1 yr
Due to ✓	
Due to ✓	
Other conditions ✓ (Include pregnancy within 3 months of death)	
Major findings: Of operations ✓	
Of autopsy ✓	

73a

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?
(Specify type of place)
While at work? ✓ (e) Means of injury ✓
23. Signature Guyden Carlton (M. D. or other)
Address Malden Date signed Jan 21/43

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 243-218
Date Filed 2-18-43

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.