DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 10 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7084

Registration District No. 239 Primary Registration District No. 5825 Registrar's No. 4356

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

1. PLACE OF DEATH:
(a) County New Madrid
(b) City or town Parma Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None Colo Twp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 24 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County New Madrid
(c) City or town Parma 0
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME EVA LOUISE GEE

3. (b) If veteran, name war None
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 Jan. (Month) 19th (Day) — 43 (Year)

8. AGE: Years | Months | Days 24 | If less than one day hr. min.

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

FATHER
12. Name James Gee
13. Birthplace Parma Mo (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name Josephine Ann Kresnick
15. Birthplace Rettell Texas (City, town, or county) 1 (State or foreign country)

16. (a) Informant James Gee
(b) Address Parma Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. (Month) 14 (Day) — 43 (Year)
(c) Place: burial or cremation Parma Cemetary
18. (a) Signature of funeral director Watkins Fun Service
(b) Address Parma Mo
19. (a) Feb 13 1943 (Date received local registrar) (b) Mrs S B Rademaker (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 13
year 1943 hour 6 minute 9 M.

21. I hereby certify that I attended the deceased from I did not see the baby, 19 to 19;
that I last saw h alive on 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Possible pneumonia | Duration ✓
Due to judging from history
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

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 Geo W Hustis (M. D. or other)
Address Parma Mo Date signed 2/13/43

1028 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 243-358
Date Filed 3-8-43

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 Body Was Not embalmed, Registered Apprentice No. ..... working under my personal supervision.

Signed B J Brentlinger

Licensed Embalmer No. [illegible]

P. O. Address Dexter,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

N
. No. 2B
d—8-21-41
>I X29288

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MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. Primary Registration District No. Registrar's No.

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

1. PLACE OF DEATH:
(a) County New Madrid
(b) City or town Parma
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County New Madrid
(c) City or town Parma
(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 Eva L. Lee

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 S
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June 19— (Month) (Day) (Year)

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

9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month day year hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19; that I last saw him alive on 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to Possible Pneumonia	
Due to Labor	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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 Geo W Lusk (M. D. or other)
Address Parma Date signed 1/20/43

SUPPLEMENTARY

7084