

ED. JUN 11 1943 87

Registration District No.

Primary Registration District No. 3040

Registrar's No. 69

1. PLACE OF DEATH:

(a) County Luzerne

(b) City or town Chillicothe

(c) Name of hospital or institution:
1141 Elm 156700t
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Life (Specify whether years, months or days)

In this community Life

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 59

(c) City or town Chillicothe, Mo 2
(If outside city or town limits, write "RURAL")

(d) Street No. 1141 Elm St
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Josephella Therese Gladioux

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

MEDICAL CERTIFICATION

4. Sex Female 5. Color or race white

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

6. (b) Name of husband or wife Joseph Gladioux

6. (c) Age of husband or wife if alive 1862 years (Month) (Day) (Year)

7. Birth date of deceased Oct 5 1862

20. DATE OF DEATH: Month May day 28 year 1943 hour 2 minute 20A.M.

21. I hereby certify that I attended the deceased from May 21 1943 to May 28 1943 that I last saw her alive on May 28 1943 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>7</u>	<u>23</u>hr.min.

Immediate cause of death myocardial infarction

heart failure 3 days

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

Due to unknown

Due to

10. Usual occupation house wife

Other conditions hypertensive pneumonia (Include pregnancy within 3 months of death) 2 days

11. Industry or business housewife

MOTHER FATHER {

12. Name Joseph Pierson

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

14. Maiden name Mary Meyer

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

Major findings: Of operations

Of autopsy

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

16. (a) Informant Frank Gladioux

(b) Address Chillicothe, Mo

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?

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 31 43 (Month) (Day) (Year)

(c) Place: burial or cremation St Columbian Cemetery

While at work? (Specify type of place) (e) Means of injury

18. (a) Signature of funeral director E. B. Kett 3227

(b) Address Chillicothe, Mo

19. (a) May 29 (Date received local registrar) (b) Lois Elba Curry (Registrar's signature)

23. Signature Emory (M. D. or other) Address Chillicothe, Mo Date signed 5-29-43

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

JUN 18 1943

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.....

Was Embalmed

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

working under my personal supervision.

Signed.....

E. B. Smith

Licensed Embalmer No.....

3227

P. O. Address.....

Chillicothe 7

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

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

Registration District No. 187

Primary Registration District No. 3040

Registrar's No. 59

1. PLACE OF DEATH:

(a) County Livingston

(b) City or town Chillicothe
(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 _____)

In this community Life _____ (Specify whether _____
years, months or days)

3. (a) PRINT FULL NAME Josephine K. Gladieux

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 W

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ year

7. Birth date of deceased Oct. 5 - 1882
(Month) (Day) (Year)

8. AGE: Years 80 Months 7 Days _____ (If less than one day, _____ min.)

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

10. Usual occupation _____

11. Industry or business _____

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) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Livingston

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

(d) Street No. 1141 Elm St.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May 1943 year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____; that I last saw him _____ live on _____ 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Congestive Heart failure. Duration 3 da.

Due to unkn.

Due to Hypostatic Pneumonia
Bronchial pneumonia

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____
Address Chillicothe, Mo. Date signed 6/14/43

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

SUPPLEMENTAL

S-18316

JUL 8 - 1943