

Registration District No. 227

Primary Registration District No. 4339

1. PLACE OF DEATH:  
(a) County MONROE  
(b) City or town PARIS  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
W. MARION ST.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 80 yrs.  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County Monroe  
(c) City or town PARIS  
(If outside city or town limits, write "RURAL")  
(d) Street No. W. MARION ST.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Effie Winifred GAMBLE  
3. (b) If veteran, name war  3. (c) Social Security No.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Apr. day 11  
year 1943 hour 2 minute \_\_\_\_\_ P. M.  
21. I hereby certify that I attended the deceased from Apr 2  
1943 to April 11, 1943  
that I last saw her alive on April 11, 1943  
and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced, WIDOWED  
(b) Name of husband or wife Richard Monroe Gamble 6. (c) Age of husband or wife if alive  years  
7. Birth date of deceased AUG 6 1861  
(Month) (Day) (Year)

Immediate cause of death Cerebral Myocarditis  
Duration 71 K

8. AGE: Years 81 Months 8 Days 5  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

9. Birthplace Toledo Ohio  
(City, town, or county) (State or foreign country)  
10. Usual occupation At Home

11. Industry or business \_\_\_\_\_  
12. Name Chas. Fields  
13. Birthplace Dublin Ireland  
(City, town, or county) (State or foreign country)  
14. Maiden name Effie Coffee  
15. Birthplace Dublin Ireland  
(City, town, or county) (State or foreign country)

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

16. (a) Informant Solda Shuehelt  
(b) Address Paris Mo.  
17. (a) BURIAL (b) Date thereof APR 13, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation WALNUT GROVE  
18. (a) Signature of funeral director Speed & Slakey  
(b) Address PARIS, MO.  
19. (a) 4-11-43 (b) Kathryn Snague  
(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 Geo M. F... (M. D. or other)  
Address PARIS, MO. Date signed 4-11-43

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

RECEIVED

District Health Officer No. 10

District File Number 5-43-920

Date Filed MAY 21 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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed A. H. Blakey

Licensed Embalmer No. 72614

P. O. Address PARIS, 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.