

FILED SEP 10 1943 122 125

Registration District No. _____

Primary Registration District No. 7201

Registrar's No. _____

1. PLACE OF DEATH:

(a) County GARLAND
(b) City or town Republic
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Republic, Missouri
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
In this community 52 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Republic
(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 Ivy Bell Gammon

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife W. O. Gammon 6. (c) Age of husband or wife if alive Unknown years
7. Birth date of deceased July 12, 1872
(Month) (Day) (Year)

8. AGE: Years 71 Months 1 Days 8 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business In Home

12. Name Henderson Southard

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

14. Maiden name Elizabeth McPheters

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

16. (a) Informant Mr. W. O. Gammon

(b) Address Republic, Missouri

17. (a) Burial (b) Date thereof August 22, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brookline, Missouri

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home

(b) Address Springfield, Missouri

19. (a) Aug. 21, 43 (b) Florence Brittain
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 20,
year 1943 hour 5 minute A. M.

21. I hereby certify that I attended the deceased from 2-22-43, 19____, to _____, 19____;
that I last saw her alive on 8-20-43, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Ca. of Colon
Pulmonary Edema

Due to _____
Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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 Springfield, Mo Date signed 8-21-43

Duration
6 mo.
6 hrs.

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

RECEIVED

Greene County Health Office,

County File Number 43-9-90

Date Filed 9/8/43

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

Signed.....

Lewis G. Scharpf

Licensed Embalmer No.....

3802

P. O. Address.....

Springfield, 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.