

S. No. 2
M-2.43
5-17-39
X3589

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31568**
Registrar's No. **86**

Registered District No. **1948/07**

Primary Registration District No. **3019**

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

1. PLACE OF DEATH:
(a) County **Dunklin**
(b) City or town **Kennett**
(c) Name of hospital or institution: **Fresnell Hospital**
(d) Length of stay: **3 days**
In this community **30 years**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Pemiscot**
(c) City or town **Caruthersville**
(d) Street No. **North Juliet Avenue**
(e) Citizen of foreign country? **No**

3. (a) PRINT FULL NAME **Ed Gambill**
3. (b) If veteran, name war **None**
3. (c) Social Security No. **None**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Sept** day **21** year **1943** hour **1** minute **P** M.
21. I hereby certify that I attended the deceased from **9-18-43** to **9-21-43**
that I last saw him alive on **Sept 21** 19**43**
and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Duffy**
6. (c) Age of husband or wife if alive **deceased**
7. Birth date of deceased **September 2, 1876**

Immediate cause of death **uremia**

8. AGE: Years **67** Months **0** Days **19** If less than one day hr. min.

Due to **Hypertension nephritis**

9. Birthplace **Marion, Illinois**

Due to **131 R**

10. Usual occupation **Laborer**

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business **as above**

Major findings: Of operations

12. Name **William M. Gambill**

Of autopsy

13. Birthplace **Illinois**

14. Maiden name **Isabel Hooper**

15. Birthplace **England**

16. (a) Informant **Mrs. Gertrude Dorsey**
(b) Address **Malden, Mo.**

17. (a) **Burial** (b) Date thereof **9-22-43**
(c) Place: burial or cremation **Caruthersville, 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?
(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 **J. H. Bennett** (M. D. or other) **MD**
Address **Bennett, Mo.** Date signed **9-21-43**

RECEIVED

District Health Office No. 2,

District File Number 1043-1245

Date Filed 10-5-43

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 J. L. La Forge

Licensed Embalmer No. 3082

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.