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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 4 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 38129

Registration District No. 1012 Primary Registration District No. 5393 Registrar's No. 75

1. PLACE OF DEATH:

(a) County Douglas

(b) City or town Crossroads Rural

(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas 34

(c) City or town Crossroads Rural 0

(If outside city or town limits, write "RURAL") 0

(d) Street No.

(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Iva Gott

3. (b) If veteran, name war

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 Herman Gott

6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased September (Month) 10 (Day) 1908 (Year)

8. AGE:

Years	Months	Days	If less than one day
35	0	11	hr. min.

9. Birthplace Cross Roads, Missouri 0 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Ed. Hodges
13. Birthplace Doglas Count, Missouri 0 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Eugenie Summers,
15. Birthplace Roy, Missouri 0 (City, town, or county) (State or foreign country)

16. (a) Informant Herman Gott

(b) Address Cross Roads, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-22-43 (Month) (Day) (Year)

(c) Place: burial or cremation Mills

18. (a) Signature of funeral director Friends

(b) Address

19. (a) 11-1-43 (Date received local registrar) (b) Mrs. J. R. Spurlock deputy (Registrar's signature)

1056

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 21 year 1943 hour 6 minute 15 A. M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Toxemia	/
Due to: Melanoma Carcinoma	1 yr
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 0

23. Signature M. C. Gentry (M. D. or other)

Address Ava Mo Date signed 10-6-43

(Licensed Embalmer's Statement on Reverse Side)

Dr. McGentry

RECEIVED
District Health Officer No. 6,
District File Number 1143-1231
Date Filed NOV 30 1943

Mother did not want body embalmed, friends took care of body.

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 W B Hutchison

Licensed Embalmer No. 3481

P. O. Address Ava Mo

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.

No. 2B
—5-43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. Dec

Registration District No. 101 Primary Registration District No. 5393 Registrar's No. 75

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Douglas

(b) City or town Benton Twp.
(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
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town
(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 Iva Gott

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 M

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Sept. (Month) 10 (Day) 1908 (Year)

8. AGE: Years 36 Months Days If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
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 Sept day 21 year 1943 hour minute M.

21. I hereby certify that I attended the deceased from , 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 Toxemia

Due to Melanosarcoma, Ove Left Ear on forehead

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 53

Of autopsy

Duration: 9 Month

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 M. C. Gentry (M. D. or other)

Address Ava Mo Date signed 12-10-43

38129