S. No. 2
M—9-4-41
5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 17 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

43380

State File No.

Registration District No. 277 Primary Registration District No. 5949 Registrar's No. 55

1. PLACE OF DEATH:
(a) County Pike
(b) City or town Rural - Cuiver Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1 Near Vera
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution No (Specify whether
In this community 40 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Pike
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Cuiver Township
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Jennie Belle Gamm
3. (b) If veteran, name war No
3. (c) Social Security No. No

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband ~~or wife~~ John Gamm
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June (Month) 17 (Day) - 1872 (Year)

8. AGE: Years 71 Months 4 Days 28 If less than one day hr. min.

9. Birthplace Summer Hill (City, town, or county) Ill. (State or foreign country)
10. Usual occupation wife at Home
11. Industry or business
FATHER
12. Name L R Thomas
13. Birthplace Pike Co. (City, town, or county) Ill. (State or foreign country)
MOTHER
14. Maiden name Eloza J. Baird
15. Birthplace (City, town, or county) Ohio (State or foreign country)
16. (a) Informant Frank Gamm
(b) Address Bowling Green Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 (Month) - 17 (Day) - 1943 (Year)
(c) Place: burial or cremation Bowling Green
18. (a) Signature of funeral director W. B. Elmore
(b) Address Bowling Green Mo
19. (a) 11/30 43 (Date received local registrar) (b) Mrs Frank Gordon (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 15th year 1943 hour 10:15 minute A. M.
21. I hereby certify that I attended the deceased from Nov. 1st 1943, to Nov. 15th 1943; that I last saw her alive on Nov. 15, 1943 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral hemorrhage	
Due to	
Due to	
Other conditions Arterio-sclerosis (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
23. Signature J B Biggs M.D. (M. D. or other)
Address Bowling Green Mo Date signed 11/17/43

1144 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File No. 12-43-1982
Date Filed DEC 14 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 W. B. Elmore

Licensed Embalmer No. 3466

P. O. Address Bowling Green

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.