

9664

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAR 26 1945

Registration District No. 124

Primary Registration District No. 5459

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Bois Dore, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: none
(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)

3. (a) PRINT FULL NAME Minnie Elizabeth Gauty
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 Widowed
6. (b) Name of husband or wife James Andrew Gauty
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 28 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 9 23 hr. _____ min.

9. Birthplace Madison County, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
12. Name George W. Long
13. Birthplace see 1
(City, town, or county) (State or foreign country)
14. Maiden name Amanda Lady
15. Birthplace see 1
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs Ed Brown
(b) Address Bois Dore, Mo

17. (a) Burial (b) Date thereof Feb 24 1945
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Glenn Creek Cemetery

18. (a) Signature of funeral director Gene A Boim
(b) Address Walnut Street, Mo

19. (a) Feb-24-1945 (b) Jewell Williams
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Bois Dore, Mo
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? no years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 21
year 1945 hour 10 minute 15 M.

21. I hereby certify that I attended the deceased from _____, 1942 to 2-21- 1945;
that I last saw her alive on 2-21- 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary congestion Duration 15 hrs

Due to _____
Due to _____

Other conditions Nephritis 9 yrs
(Include pregnancy within 3 months of death) PHYSICIAN

Major findings: Of operations _____
Of autopsy None
Underline the cause to which death should be charged statistically

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) No
(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 B. F. Wendle (M. D. or other) MD
Address Bois Dore, Mo Date signed 2/24/45

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
Rev. 5-1-39 1 X19511

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

Greene County Health Office,

County File Number.....45-3-28

Date Filed.....3-23-45

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 Gene A. Brim

Licensed Embalmer No. 2664

P. O. Address Walnut Grove, N.C.

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, above space should be left blank.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. April
Registrar's No. _____

Registration District No. 124 Primary Registration District No. 5459

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

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Bris O'Arc
(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 _____)

3. (a) PRINT FULL NAME Minnie E. Gentry
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 W
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 28 1884
(Month) (Day) (Year)

8. AGE: Years 76 Months 3 Days 5 If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name _____
13. Birthplace _____ (City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____
(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal) (c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28 year 1945 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on _____, 19____,
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Supplemental
nephritis
Subacute
Due to _____ (2)
Due to _____
Other conditions _____ (Include pregnancy within 3 months of death)
Major findings: Of operations _____
Of autopsy _____ 130
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? _____

23. Signature B. F. Winder (M. D. or other) _____
Address Bris O'Arc, Mo. Date signed 3/26/45

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