

U. S. No. 2
 FORM—8-43
 Rev. 5-17-39
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DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **16483**

FILED JUN 11 1946
 Registration District No. **140**

Primary Registration District No. **3024**

Registrar's No. **36**

1. PLACE OF DEATH:
 (a) County **Howard**
 (b) City or town **Fayette**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
924 W. Davis St.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community **Most of her life**
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Howard** **45**
 (c) City or town **Fayette**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **924 W. Davis St**
 (If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **Virginia Gauldin Buoy**
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **May** day **19th**
 year **1946** hour **6:00** minute **A.** M.

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **J. C. Buoy** 6. (c) Age of husband or wife if alive **94** years
 7. Birth date of deceased **June 3, 1862**
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **May 1946** to **May 19 1946**
 that I last saw h. e. alive on **April** 1946
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	83	11	16	hr. _____ min.

Immediate cause of death **Chronic Myocarditis**
 Duration **2 yrs.**

9. Birthplace **Saline Co. Missouri**
 (City, town, or county) (State or foreign country)
 10. Usual occupation **House-wife**
 11. Industry or business _____

Due to **Age**
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings:
 Of operations **none**
 Of autopsy **none**

MOTHER FATHER
 12. Name **William E. Gauldin**
 13. Birthplace **Virginia**
 (City, town, or county) (State or foreign country)
 14. Maiden name **Polly Ann Guinn**
 15. Birthplace **Saline Co. Missouri**
 (City, town, or county) (State or foreign country)

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? _____

16. (a) Informant **Mrs Williard Bowers**
 (b) Address **Fayette, Missouri**
 17. (a) **Burial** (b) Date thereof **5/21/46**
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Fayette City Cemetery**

While at work? _____ (Specify type of place) (e) Means of injury _____
 23. Signature **Wm J Shaw** (M. D. or other) **M.D.**
 Address **Fayette, Mo.** Date signed **5-20-46**

18. (a) Signature of funeral director **Ralph A. Carr**
 (b) Address **Fayette, Missouri**
 19. (a) **5-22-46** (b) **Dorothy Fern Schier**
 (Date received local registrar) (Registrar's signature)

123 (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
 15365

RECEIVED

District Health Officer No. 6,

District File Number.....

Date Filed 6-10-46

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, ~~only~~.....

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

Signed Ralph A. Carr.....

Licensed Embalmer No. 3340.....

P. O. Address Styette 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.