

No. 2
5-43
17-39
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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

FILED JUN 13 1946

STANDARD CERTIFICATE OF DEATH

State File No. 17441

Registration District No. 225

Primary Registration District No. 433J

Registrar's No.

1. PLACE OF DEATH:

(a) County Moniteau

(b) City or town Tipton
(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 Life _____
years, months or days) (Specify whether

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau 68

(c) City or town Tipton 2
(If outside city or town limits, write "RURAL")

(d) Street No. No street numbers 0
(If rural, give location)

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

If yes, name country Native

3. (a) PRINT FULL NAME Ersie May Gish

3. (b) If veteran, name war No.

3. (c) Social Security No. 494-22-3600

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30th
year 1946 hour 6 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 Alfred Gish

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased April, 18th, 1892
(Month) (Day) (Year)

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.

8. AGE:

Years	Months	Days	If less than one day
<u>54</u>	<u>1</u>	<u>12</u>	hr. _____ min.

Immediate cause of death _____

Due to Pulmonary Embolus Recent

Due to Thrombosis in veins of legs Unknown

Other conditions Fractured Patella
(Include pregnancy within 3 months of death)

9. Birthplace Morgan County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Machine Operator

Major findings: _____

Of operations _____

Of autopsy see above

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER {

11. Industry or business Oberman Company

12. Name Steve Fisher

13. Birthplace Morgan County, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Eliza Williamson

15. Birthplace Missouri
(City, town, or county) (State or foreign country)

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? _____

While at work? _____
(Specify type of place) (e) Means of injury _____

Signature J. Wickman (M. D. or other) N.D.
Address Cancer Hospital Columbia Mo. Date signed 5/30/46

16. (a) Informant Alfred Gish

(b) Address Tipton, Mo.

17. (a) Burial (b) Date thereof 6-1-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Masonic Cemetery

18. (a) Signature of funeral director James E. Richards

(b) Address Tipton, Mo.

19. (a) 6-28-46 (b) Mrs. Maude Hudson
(Date received local registrar) (Registrar's signature)

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 6-12-46

JUN 18 1946

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

Jessie E. Richards

Licensed Embalmer No. 2466

P. O. Address Tipton, 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.

Registration District No. 225 Primary Registration District No. 4335

1. PLACE OF DEATH:

(a) County moniteau
(b) City or town Lepton
(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

3. (a) PRINT FULL NAME

Essie M. Shick

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex 7 5. Color or race W 6. (a) Single, widowed, married, divorced _____
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____

7. Birth date of deceased April 18 (Month) (Day) (Year)

8. AGE: Years 54 Months _____ Days _____ (less than one day) hr. _____ min. _____

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

10. Usual occupation _____

11. Industry or business _____

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)

(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 June year 1946 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 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 _____

Pulmonary Embolism

Due to Thrombosis of veins of legs Duration Several days

Due to Fracture of patella 7 2 weeks

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: Of operations _____ Of autopsy See above 11 11

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence May 13, 46

(c) Where did injury occur? Top of head (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Whermans Parts Factory While at work? Yes (Specify type of place) (e) Means of injury fall

23. Signature Louise V. Ackerman (M. D. or other) M.D. Address Cancer Hospital Columbia Mo Date signed 6/26/46

SUPPLEMENTARY

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

16321

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17441

Registration District No. 225

Primary Registration District No. 4335

Registrar's No.

1. PLACE OF DEATH:

(a) County Moniteau

(b) City or town System
(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 Mo. (b) County Moniteau

(c) City or town System
(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 Esie M. Gish

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 or

6. (b) Name of husband or wife _____

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

7. Birth date of deceased April 18
(Month) (Day) (Year)

8. AGE: Years 54 Months 1 Days 2
If less than one day hr. min.

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

10. Usual occupation Machine Operator

11. Industry or business Sherman Company

12. Name Steve Fisher

13. Birthplace Morgan W. Mo
(City, town, or county) (State or foreign country)

14. Maiden name Ligea Williams

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

16. (a) Informant Alfred Gish

(b) Address System, Mo

17. (a) _____ (Burial, cremation, or removal) (b) Date thereof 6-7-46
(Month) (Day) (Year)

(c) Place: burial or cremation Masonic Cemetery

18. (a) Signature of funeral director Jewell E. Richards

(b) Address System, Mo

19. (a) 6-28-46 (Date received local registrar) (b) Mrs. Maude Hudak (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May 30
year 1946 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 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 _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

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 L. V. Ackerman (M. D. or other)
Address Columbia, Mo Date signed 6-26-46

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

SUPPLEMENTARY

MOTHER FATHER

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.