

FILED OCT 17 1948

Primary Registration District No. 5825

Registrar's No. 69

1. PLACE OF DEATH:

(a) County New Madrid

(b) City or town Parma, Mo.
(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 one year. years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid

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

(d) Street No. North of Parma St
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Nancy S. Gilbow

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

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased unknown
(Month) (Day) (Year)

8. AGE: Years about 77 Months _____ Days _____ If less than one day hr. _____ min. _____

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

10. Usual occupation housekeeper

11. Industry or business _____

MOTHER FATHER { 12. Name unknown 9

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 N. N. Barnett 1

(b) Address Parma, Mo.

17. (a) Burial (b) Date thereof 9-17-1948
(Burial, cremation, or removal) (Month), (Day) (Year)

(c) Place: burial or cremation Little Prairie Cemetery
La Forge Ind. Co.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 10
year 1948 hour 3 minute 30 P. 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: No. Medical Certification by all record death
Due to paras due to
Epilepsy

Due to _____

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

Major findings: 83A

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? _____

While at work? _____ (Specify type of place) (e) Means of injury 3

23. Signature L. S. Gilbow (M. D. or other) Carover
Address New Madrid, Mo. Date signed 9/10/48

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

29800

9561 ST AOM

RECEIVED

District Health Office No. 2

District File Number 1046-1206

Date Filed 10-7-46

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, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed J. C. Deane

Licensed Embalmer No. 3941

P. O. Address Conithersville, 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.