

No. 2  
5-43  
5-17-39  
X36671

U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

382598

Registration District No. 10 Primary Registration District No. 3002 State File No. \_\_\_\_\_ Registrar's No. 142

1. PLACE OF DEATH:  
(a) County Audrain  
(b) City or town Mexico  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
531 West Monroe /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 40 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Audrain 4  
(c) City or town Mexico 1  
(If outside city or town limits, write "RURAL")  
(d) Street No. 531 West Monroe 2  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT Sallie W. Gamble  
FULL NAME  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. none  
4. Sex female 5. Color or race white  
6. (a) Single, widowed, married, divorced widow 2  
6. (b) Name of husband or wife Ed. C. Gamble  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased February 6 1858  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
88 8 7 hr. \_\_\_\_\_ min.

9. Birthplace Harrodsburg Kentucky /  
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business \_\_\_\_\_

12. Name Joseph Withers  
13. Birthplace Kentucky  
(City, town, or county) (State or foreign country)

14. Maiden name Joyce Quinsberry  
15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant John Gamble  
(b) Address Mexico, Missouri

17. (a) burial (b) Date thereof Oct. 14-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director T. E. Prugh  
(b) Address Mexico, Missouri

19. (a) Oct. 14-1946 (b) Blanche Neely  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Oct day 12  
year 46 hour 6:30 minute \_\_\_\_\_ P. M.  
21. I hereby certify that I attended the deceased from Sept 46 to Oct 12, 1946  
that I last saw him alive on Oct 7, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Colon  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions Atherosclerosis  
(Include pregnancy within 3 months of death)

Major findings: Of operations 46E  
Of autopsy None  
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) Manner of injury \_\_\_\_\_  
23. Signature T. E. Prugh (M. D. or other) MD  
Address Mexico Date signed 10/14/46

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

MOTHER FATHER

9

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED  
District Health Officer No. 10  
District File Number 10-46-1943  
Date Filed OCT 23 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, ~~only~~.....

Earl E. Precht....., Registered Apprentice No.....

working under my personal supervision.

Signed *Earl E. Precht*.....

Licensed Embalmer No. 3189.....

P. O. Address Mexico, Missouri.....

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.