

V. S. No. 2
00M-5-43
Rev. 5-17-39
I X36671

State File No. _____

FILED FEB 24 1947

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 221

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

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
McKernan Nursing Home, 1313 No. 10th St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution six months
(Specify whether years, months or days) 4

In this community 65 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Samantha Gaut

3. (b) If veteran, name war no

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 James B. Gaut

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

7. Birth date of deceased Oct. 20, 1854
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>92</u>	<u>3</u>	<u>19</u>	hr. min.

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

10. Usual occupation Housewife

11. Industry or business Own home

MOTHER PAPER

12. Name Jesse Stockton

13. Birthplace Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Emeline Whitset

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

16. (a) Informant Mrs. Nonie Tilson

(b) Address 2816 Angelique St.

17. (a) Burial (b) Date thereof Feb. 11, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation King Hill Cemetery

18. (a) Signature of funeral director Charles Hartung

(b) Address 5025 King Hill Ave. St. Joseph, Mo

19. (a) 2-17-47 (b) H. B. Jenkins
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. 2816 Angelique St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 9th
year 1947 hour 2 minute 15 p. M.

21. I hereby certify that I attended the deceased from Jan 10 to Feb 9, 1947.
that I last saw her alive on Feb 9, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis Duration 1 yr

Due to arteriosclerosis 15 yrs

Due to _____

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 83 B

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 8

23. Signature Charles W. Werner (M. D. or other) _____
Address 231 Kirkpatrick Bldg Date signed 3-10-1947

382

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 *Em A Clark*.....

Licensed Embalmer No. 4238.....

P. O. Address St. Joseph, 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.