

FILED FEB 21 1947
Registration District No. 806

Primary Registration District No. 5751

Registrar's No. 174

1. PLACE OF DEATH:

(a) County Madison

(b) City or town Rural - Village Creek
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Route #3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community 19 years
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Madison

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

(d) Street No. R#3
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME ZENIA JANE GAMBLIN

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 29
year 1947 hour 10 minute 0 M.

21. I hereby certify that I attended the deceased from Jan 22 1947 to 1/29 1947
that I last saw her alive on 1-29 1947
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife James Nelson Gambler

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

7. Birth date of deceased July 12 - 1867
(Month) (Day) (Year)

Immediate cause of death Bronchial pneumonia Duration 7 days

Due to Following leg ripper attack 6 days

Due to _____

8. AGE: Years Months Days If less than one day

79 7 17 hr. min.

9. Birthplace White County - Illinois
(City, town, or county) (State or foreign country)

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

Major findings: Of operations _____

Of autopsy 10A

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

10. Usual occupation Housewife

11. Industry or business None

MOTHER FATHER { 12. Name Thomas Harmon Upton

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

14. Maiden name Corahel Stockley Upton

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

16. (a) Informant Lester Gambler

(b) Address Fredricktown, Mo.

17. (a) Burial (b) Date thereof Feb 1-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Miss La Motte, Mo.

18. (a) Signature of funeral director Sam Dajim, Jr.

(b) Address Fredricktown, Mo.

19. (a) 2-11-1947 (b) Flurence Hicks
(Date received local registrar) (Registrar's signature)

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? _____

(Specify type of place) _____

While at work? _____ (e) Means of injury _____

23. Signature W. Harry Borron (M. D. number) 0
Address Fredricktown Mo. Date signed 2/1/47

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

RECEIVED

Health Officer No. 4
File Number 247-238
2-20-47

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 Sam Najim, Jr......

Licensed Embalmer No. 4299.....

P. O. Address Fredericktown, 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.