

S. No. 2
M-5-43
v. 5-17-39
P 1 X36671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17762**

FILED MAY 16 1947

3028

Registrar's No. **101**

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County Jasper

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

(c) Name of hospital or institution: McCune-Brooks Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 weeks
(Specify whether years, months or days)

In this community 68 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

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

(d) Street No. 1016 Sycamore
(If rural, give location)

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

3. (a) PRINT FULL NAME FLORENCE GERTRUDE ROBERTSON

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26
year 1947 hour 7 minute 50 A.M.

21. I hereby certify that I attended the deceased from March 31, 1947, to Apr. 26, 1947
that I last saw h. alive on, 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. (c) Age of husband or wife if alive 29 years
(Day) (Year)

7. Birth date of deceased October 29 1878
(Month) (Day) (Year)

Immediate cause of death Perforated gastric ulcer

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death)

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>5</u>	<u>28</u>	_____ hr. _____ min.

9. Birthplace Mt Vernon Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name William Gray

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

14. Maiden name Elizabeth Jones

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

PHYSICIAN

Major findings:
Of operations _____
Of autopsy _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Floyd Tempelton

(b) Address Carthage, R#4, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr 28 47
(Month) (Day) (Year)

(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director Ed C. Ulmer

(b) Address Carthage, Mo.

19. (a) 4-28-47 (Date received local registrar) (b) R.B. Clinton (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? _____

While at work? _____ Specify type of place _____
Means of injury _____

23. Signature R.A. Webster (M. D. or other) _____
Address Carthage Mo. Date signed Apr 28 47

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

MOTHER FATHER

H7-4-414

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..... *E. DeWitt*

Licensed Embalmer No. *2222*

P. O. Address..... *Carthage*

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.