

FILED DEC 15 1947
Registration District No. **3**

Primary Registration District No. **6417**

Registrar's No. **17**

1. PLACE OF DEATH:

(a) County Dunklin
(b) City or town River (If outside city or town limits, write "RURAL" and name of township) rural
(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 1
In this community 5 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin **35**
(c) City or town River (If outside city or town limits, write "RURAL") rural **0**
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME

Hattie Gausley

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

4. Sex F 5. Color or race White 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Kent Gausley 6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased June 12 1890 (Month) (Day) (Year)

8. AGE: Years 57 Months 2 Days 4 If less than one day hr. min.

9. Birthplace Dexter (City, town, or county) Zone 1 (State or foreign country)

10. Usual occupation House work

MOTHER FATHER

11. Industry or business
12. Name Lora Mussey
13. Birthplace Mo. (City, town, or county) (State or foreign country)
14. Maiden name Wichman
15. Birthplace 9 (City, town, or county) (State or foreign country)

16. (a) Informant Kent Gausley

(b) Address River

17. (a) Ronald (b) Date thereof 9-15-47 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Carythersville Mo.

18. (a) Signature of funeral director J. J. Hermon

(b) Address Stiles Mo.

19. (a) 12-12-47 (b) Betha Kinschering (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 15 year 1947 hour 9 minute 15 P.M.

21. I hereby certify that I attended the deceased from Aug 1, 1947, to Aug 15, 1947; that I last saw her alive on Aug 12, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death malignancy of Liver Duration

Due to -

Due to -

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations - Of autopsy - **ADDITIONAL SUPPLEMENTARY INFORMATION REQUIRED** 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 0

23. Signature J. Chapman (M. D. or other)

Address Stiles Mo. Date signed 12-1-47

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

RECEIVED

District Health Office No. 2,

District File Number 1247-15-91

Date Filed 12-1-42

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.....

.....
working under my personal supervision.

..... Registered Apprentice No.

Signed *John H. Gorman*

Licensed Embalmer No. 4355

P. O. Address *Bay St, Ypsilanti, Mich*

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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. Dec

Registration District No. 103

Primary Registration District No. 5447

Registrar's No. 17

1. PLACE OF DEATH:

(a) County Dunklin

(b) City or town near rural
(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 _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

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

(d) Street No. _____
(If rural, give location)

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

3. (a) PRINT FULL NAME Hattie Gausky

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F

5. Color of race W

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

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

7. Birth date of deceased June 18 1884
(Month) (Day) (Year)

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

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name _____

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 _____
(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____
(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ Day _____
year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 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 Cancer of Liver

Due to _____

Due to _____

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

Major findings: HOF
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) (c) Means of injury _____

23. Signature J. Chapman (M. D. or other) _____
Address Steeley mo Date signed 12/20/47

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

SUPPLEMENTARY

37650

10/10/50
10/10/50