

FILED NOV 18 1947

Registration District No. 176

Primary Registration District No. 3020

Registrar's No. 143

1. PLACE OF DEATH:

(a) County Franklin
(b) City or town Washington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Francis D
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution seven weeks
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin 36
(c) City or town Union Rural 0
(If outside city or town limits, write "RURAL")
(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

Nettie M. Gay

3. (b) If veteran,
name war X

3. (c) Social Security
No. X

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married,
Married
6. (b) Name of husband or wife William D Gay 6. (c) Age of husband or wife if
alive 66 years
7. Birth date of deceased May 30 1893
(Month) (Day) (Year)

8. AGE: Years 54 Months 4 Days 4 If less than one day
hr. min.

9. Birthplace St Clair, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER }
FATHER }

12. Name John E Potts
13. Birthplace Indiana 1
(City, town, or county) (State or foreign country)
14. Maiden name Addie Tearl
15. Birthplace Indiana 1
(City, town, or county) (State or foreign country)

16. (a) Informant William R Gay
(b) Address St. Louis Missouri
17. (a) Burial (b) Date thereof Nov 7, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Union Cemetery

18. (a) Signature of funeral director Union Funeral Home
(b) Address Union, Missouri
19. (a) NOV 7 1947 (b) [Signature]
(Date received local registrar) (Registrar's signature) 99

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 4
year 1947 hour 4 minute 15 P.M.

21. I hereby certify that I attended the deceased from NOV 6/1947 to NOV 13/1947
that I last saw her alive on NOV 7 and that death occurred on the date and hour stated above.

Immediate cause of death:
Arterio Sclerotic Cardiovascular Disease 1 yr

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 1138

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?

(Specify type of place) While at work? (e) Means of injury 0

23. Signature B. H. Stuehlman (M. D. or other M. D.)
Address Union, Mo Date signed 11-6-47

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

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RECEIVED
District Health Center
District No. 8
District No. 8
NOV 17 1947
Date Filed

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.....

Harlan S. Shumaker....., Registered Apprentice No. *474*
working under my personal supervision.

Signed.....
[Signature]

Licensed Embalmer No. *2464*

P. O. Address *Washington 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.