S. No. 2
12-45-
17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5636

FILED MAR 3 1948

Registration District No. 251

Primary Registration District No. 3048

Registrar's No. 51

1. PLACE OF DEATH:
(a) County Nodaway
(b) City or town Maryville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 months
In this community 67 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Nodaway
(c) City or town Maryville
(If outside city or town limits, write "RURAL")
(d) Street No. 316 East Fourth
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Lillie Gates Sewell
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife Claude
6. (c) Age of husband or wife if alive years

7. Birth date of deceased Nov 18 1880 ~~1948~~
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	67	2	20	hr. min.

9. Birthplace Maryville Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business

FATHER
12. Name James B. Gates
13. Birthplace Oskosh, Wisc.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Minnie C. Moore
15. Birthplace Louisa Co. Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. John Gates
(b) Address Maryville, Missouri

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Feb. 10, 48 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director Price Funeral Home
(b) Address Maryville, Missouri

19. (a) 2/28/48 (Date received local registrar) (b) Bess Hall (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 8 year 1948 hour 10 minute 30 A M.

21. I hereby certify that I attended the deceased from Oct 30, 1947, to Feb 8, 1948; that I last saw her alive on Feb 8, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Dilatation & Pulmonary Congestion
Due to Chronic Myocarditis c Hypertension & Chronic
Due to Nephritis

Duration

Other conditions Fractured Arm Oct. 30, 1947
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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

23. Signature W. R. Jackson (M. D. or other)
Address Maryville, Mo. Date signed 2-25

(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 Clem M. Price

Licensed Embalmer No. 1822

P. O. Address Maryville 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.

S. No. 2B
M—3-45
I 143880

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. March

Registration District No. 251 Primary Registration District No. 3048 Registrar's No. 51

1. PLACE OF DEATH:
(a) County Nodaway
(b) City or town Maryville (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 Lellie G. Sewell
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Wid
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Nov. 18 1880 (Month) (Day) (Year)

8. AGE: Years 67 Months 2 Days 20 If less than one day hr. min.

9. Birthplace (City, town, or county) Mo (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER 12. Name
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. Day 8
year 1948 hour minute M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

186A

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) Accident
(b) Date of occurrence Oct. 30, 1947
(c) Where did injury occur? Maryville Nodaway Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? at home. (Specify type of place)
While at work? yes (e) Means of injury Fall.

23. Signature W. R. Jackson (M. D. ~~or other~~)
Address Maryville, Mo. Date signed

SUPPLEMENTARY

S-5636 1948