

FILED APR 21 1948

Registration District No. 155

Primary Registration District No. 3127 xxxxxx

Registrar's No. 53

1. PLACE OF DEATH:

(a) County JASPER
(b) City or town WEBB CITY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
417 N. TOM ST.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 45 YEARS
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JASPER
(c) City or town WEBB CITY
(If outside city or town limits, write "RURAL")
(d) Street No. 417 N. TOM ST.
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MARY ELLA GAW

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

4. Sex FEMALE 5. Color or race W. 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife WM. GAW 6. (c) Age of husband or wife if alive _____ years
GEORGE L. LUTES

7. Birth date of deceased: 12 19 1859
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
88 3 15 hr. min.

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

10. Usual occupation HOUSEWIFE

11. Industry or business _____

MOTHER FATHER { 12. Name UNKNOWN 9
13. Birthplace UNKNOWN (City, town, or county) (State or foreign country)
14. Maiden name UNKNOWN 9
15. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

16. (a) Informant ETHEL MAY GILLMORE

(b) Address MONTRAY PARK, CALIF.

17. (a) BURIAL (b) Date thereof 4/7-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OZARK MEMORIAL CEM.

18. (a) Signature of funeral director HEDGE-LEWIS

(b) Address WEBB CITY, MISSOURI

19. (a) APR-7-48 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4, year 1948 hour 5 minute 57 P.M.

21. I hereby certify that I attended the deceased from August third, 1944 to April 4, 1948; that I last saw her alive on April 4, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Embolus

Due to _____

Due to _____

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

Major findings: Of operations 94A 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) (e) Means of injury 2

Signature [Signature] (M.D. or other) DO.

Address Webb City, Mo Date signed 4-5-48

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

49
6
2

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.....

Richard J. Lewis....., Registered Apprentice No. 46
working under my personal supervision.

Signed Richard Gray Lewis

Licensed Embalmer No. 4405

P. O. Address Webb City, 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.