

FILED JUL 20 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

22072

State File No.

Registration District No.

Primary Registration District No. 4020

Registrar's No.

1. PLACE OF DEATH:
 (a) County Andrew
 (b) City or town Martinsburg
 (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 59 years
 (Specify whether years, months or days)
 In this community 59 years

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Andrew
 (c) City or town Martinsburg
 (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

3. (a) PRINT FULL NAME Beula May Gorden
 (b) If veteran, name war ✓
 (c) Social Security No. ✓

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month July, day 10, year 1948, hour 7, minute 45 9 M.

4. Sex F 5. Color or race N.
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife
 6. (c) Age of husband or wife if
 7. Birth date of deceased Mar 31 1889
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 1 to July 9, 1948, that I last saw her alive on July 9, and that death occurred on the date and hour stated above.
 Duration

Immediate cause of death carcinoma of uterus, 1 year

8. AGE: Years 59 Months 3 Days 10 If less than one day hr. min.

Due to
 Due to

9. Birthplace Montgomery Co Mo
 (City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation Housewife

Major findings: Of operations
 Of autopsy H&P

11. Industry or business Home

12. Name Patrick Gorden

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

14. Maiden name Shelton

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

16. (a) Informant Ray Gorden
 (b) Address Martinsburg Mo

17. (a) Burial (b) Date of 7/12/48
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial Martinsburg Mo

18. (a) Signature of funeral director W. J. Shelton
 (b) Address Sheltonville Mo

19. (a) July 12 (b) Mrs. Joe Carter
 (Date received local registrar) (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? (Specify type of place)
 While at work? (e) Means of injury

23. Signature W. J. Shelton (M. D. or other) Do.
 Address Sheltonville Date signed 7/12/48

MOTHER FATHER

PHYSICIAN
 Underline the cause of which death should be charged statistically.

1948
OCT 1

RECEIVED

District Health Officer No.

District File Number 7-48-1

Date Filed JUL 19 1948

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 Self

Registered Apprentice No. _____

working under my personal supervision.

Signed M B Kelle

Licensed Embalmer No. 1588

P. O. Address Kelleville, 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.