

S. No. 2
M-9-4-41
v. 5-17-39
1 X29

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

2862

State File No.

Registrar's No. 83

Registration District No. 125

Primary Registration District No. 2000

39
2
6
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County GREENE

(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1019 S. Broadway
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None
(Specify whether)

In this community 50 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

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

(d) Street No. 1019 S. Broadway
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Louisa Gault

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknown

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 22
year 1944 hour 10:00 minute P. M.

4. Sex Female

5. Color of race White

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

6. (b) Name of husband or wife J. B. Gault

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

7. Birth date of deceased August 7, 1862
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1-22-44, 1944, to 1-22-44, 1944, that I last saw her alive on 1-21-44, 1944, and that death occurred on the date and hour stated above.

8. AGE: Years 81 Months 5 Days 15 hr. min.

Immediate cause of death Bronchial Pneumonia Duration 2 days

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

10. Usual occupation Housewife

11. Industry or business In Home

Due to 107

Other conditions (Include pregnancy within 3 months of death)

MOTHER FATHER

12. Name Louis Graves

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

14. Maiden name Unk.

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

PHYSICIAN

Major findings: Of operations

Of autopsy

Underline the cause to which death should be charged statistically.

16. (a) Informant Miss Maude Gault

(b) Address Springfield, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 26, 1944
(Month) (Day) (Year)

(c) Place: burial or cremation East Lawn Cemetery

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? _____

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home

(b) Address Springfield, Missouri

19. (a) 1-25-44 (Date received local registrar) (b) W. H. Handley (Registrar's signature)

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

Address Springfield, Mo. Date signed 1-24-44

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.....

Harlow Knabb

Licensed Embalmer No. *4065*

P. O. Address.....

Springfield, 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.

[Handwritten mark]