

JUL 18 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

22845
Do not use this space.

1. PLACE OF DEATH

(a) County Nodway Registration District No. 621
(b) Township Lincoln Primary Registration District No. 5823
(c) City or 1 (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Alice Gerdelia Needham

(a) Residence, No. Lincoln Prep St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Daniel Needham</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 2 1860</u>		
7. AGE YEARS <u>79</u>	MONTHS <u>5</u>	DAYS <u>II</u>
IF LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>Retired House</u>	
	10. Date deceased last worked at this occupation (month and year) <u>6-6-39</u>	
11. Total time (years) spent in this occupation <u>Housework</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Springfield ILL</u>		
FATHER	13. NAME <u>John Gunnors</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>	
MOTHER	15. MAIDEN NAME <u>Mary Reep</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indannah</u>	
17. INFORMANT (ADDRESS) <u>Mrs Grace Needham</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>La. Mar Cem</u> DATE <u>June 25 1939</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Price & Horn Elna Mo</u>		
20. FILED <u>June 24 1939</u> <u>Charles D. Hoffman</u> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 23, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1939, to June 23, 1939
I last saw her alive on June 22, 1939 Death is said to have occurred on the date stated above, at 8:15 a.m.
The principal cause of death and related causes of importance were as follows:
Spasms of right foot
arterio-sclerosis 1937
Date of onset June 17 29

Other contributory causes of importance:
arterio-sclerosis 1937

Name of operation _____ Date of _____
What test confirmed diagnosis? Lab Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) G. G. Reep, M. D.
(Address) Blackburn, Iowa

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Office No. 111

District File Number 739-802

Filed JUL 11 1939

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 *John W. Price*

Licensed Embalmer No. *3229*

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, above space should be left blank.