

Registration District No. **796**

Primary Registration District No. **3038**

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.

**1. PLACE OF DEATH:**  
(a) County Saline  
(b) City or town Marshall, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1025 So. Brunswick  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community all her life (Specify whether \_\_\_\_\_)  
years, months or days 100

**8. (a) PRINT FULL NAME** DOROTHY MAY GABA  
**8. (b) If veteran, name war**   
**8. (c) Social Security No.**

**4. Sex** Female **5. Color or race** White  
**6. (a) Single, widowed, married, divorced** Single  
**6. (b) Name of husband or wife** \_\_\_\_\_ **6. (c) Age of husband or wife if alive** \_\_\_\_\_ years  
**7. Birth date of deceased** May 25 1921  
(Month) (Day) (Year)

**8. AGE:** Years 18 Months 5 Days 16 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

**9. Birthplace** Marshall, Mo. (City, town, or county) (State or foreign country)

**10. Usual occupation** Student

**11. Industry or business** \_\_\_\_\_

**MOTHER FATHER**  
**12. Name** Edmer Gaba  
**13. Birthplace** Saline Co., Mo. (City, town, or county) (State or foreign country)  
**14. Maiden name** Mary E. Vaughn  
**15. Birthplace** Saline Co., Mo. (City, town, or county) (State or foreign country)

**16. (a) Informant's own signature** Edmer Gaba  
**(b) Address** 1075 So. Brunswick Marshall, Mo.

**17. (a) Burial, cremation, or removal** Burial **(b) Date thereof** Nov. 13 1934  
(Month) (Day) (Year)

**(c) Place: burial or cremation** Marshall, Mo.

**18. (a) Signature of funeral director** J. Leotis Surrency  
**(b) Address** Marshall, Mo.

**19. (a) 11-13-39** **(b) Mary K. Smith**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State Missouri (b) County Saline  
(c) City or town Marshall, Mo. (If outside city or town limits, write "RURAL")  
(d) Street No. South Brunswick (If Rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month Nov day 11 year 1934 hour 7:30 minute \_\_\_\_\_ P. M.  
**21. I hereby certify that I attended the deceased from** Nov 11 1934 to Nov 11 1934  
that I last saw her or alive on Nov 11 1934 and that death occurred on the date and hour stated above.

**Immediate cause of death** Subacute Enteritis **Duration** 4 weeks  
**Due to** unknown

**Due to** \_\_\_\_\_  
**Other conditions** 120 lbs  
(Include pregnancy within 3 months of death)

**Major findings:**   
**Of operations** \_\_\_\_\_  
**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** \_\_\_\_\_

**23. Signature** [Signature] (M. D. or other) \_\_\_\_\_  
**Address** Marshall, Mo. **Date signed** 11/13/34

RECEIVED  
District Health Officer No. 8,  
License File Number  
Date Filed 12/20/39

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 J. Leslie Sumner  
Licensed Embalmer No. 32358  
P. O. Address Marshall, 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.