

FILED FEB 12 1940

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

1582

Do not use this space.

1. PLACE OF DEATH

(a) County Barton Registration District No. 40
 (b) Township _____ Primary Registration District No. 40.28
 (c) City Lamar (d) Street No. Bichel Hospital 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. 24 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Mary M. Gasperson
 (a) Residence, No. P.P. Jasper Mo. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John M. Gasperson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 22 1849

7. AGE YEARS MONTHS DAYS 90 3 21 LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) Crawfordsville Ind.

FATHER 13. NAME David McCarty

14. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) Crawfordsville Ind.

MOTHER 15. MAIDEN NAME Sarah Canine

16. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Mrs. C. A. North
Blount, Ogden, Ill.

18. BURIAL, CREMATION, OR REMOVAL PLACE Red Oak DATE Jan-12 1940

19. FUNERAL DIRECTOR (NAME) U. M. Funeral Home
(ADDRESS) Carthage, Mo.

20. FILED Jan-12 1940 Mrs. Josephine Murrell
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 12 1940

22. I HEREBY CERTIFY, that I attended deceased from Dec. 19, 1939 to Jan 12, 1940

I last saw her alive on Jan 12, 1940 Death is said to have occurred on the date stated above, at 6:35 p.m.

The principal cause of death and related causes of importance were as follows:

Fracture of Left Femur Date of onset Dec. 19

Bronchopneumonia Jan 10

Stomach Jan 8

Other contributory causes of importance: Starvation

Name of operation None Date of _____

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Dec. 17 1939

Where did injury occur? at home, Jasper, Mo. R.F.D.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. at home

Manner of injury Slipped toe on board

Nature of injury Fracture of Left Femur

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) Serg. T. Bichel, M. D.

(Address) Lamar, Mo.

RECEIVED

District Health Officer No. 6,

District File Number 240-360

Date Filed FEB 6 1940

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.....

Edie...

Licensed Embalmer No. 2222

P. O. Address.....

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.