

No. 2
1-10-39
-17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7694
Registrar's No. 57

Registration District No. 048

Primary Registration District No. 3032

50
44
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Pettis

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

(c) Name of hospital or institution:
1518 East 3rd. St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Ardella Anna Gimple

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Calvin A. Gimple

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

7. Birth date of deceased Sept. 16, 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

61 4 19 hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER

12. Name Henry Douglas

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

14. Maiden name Anna M. Else

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

16. (a) Informant Mrs. Vera Hill

(b) Address Hughesville Mo.

17. (a) Burial (b) Date thereof Feb. 6, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director Gillespie Funeral Home
Sedalia, Mo.

(b) Address _____

19. (a) 2-5-40 (b) Mrs. Harry Sued
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis

(c) City or town Sedalia
(If outside city or town limit, write "RURAL")

(d) Street No. 1518 East 3rd. St.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 3, 1940
year 1940 hour 7 minute 15 A. M.

21. I hereby certify that I attended the deceased from Nov 15, 1939 to Feb 3, 1940,
that I last saw her alive on Feb 3, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the colon

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

Duration _____

PHYSICIAN _____

Underlines 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 Gordon Giffels (M. D. or other) MD

Address Sedalia Missouri Date signed 2-5-40

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 3-12-70

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 Geo D. [Signature]

Licensed Embalmer No. 3868

P. O. Address Sioux Falls, 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.