S. No. 2
11-10-39
5-17-39
Form I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JUN 17 1940

Registration District No. 799

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4479

State File No. 19663

Registrar's No. 25

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

1. PLACE OF DEATH:
(a) County: Saline
(b) City or town: Slater.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: none (Specify whether years, months or days)
In this community: all his life 1135

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

3. (a) PRINT FULL NAME: Thomas Jefferson Gauldin
3. (b) If veteran, name war: no
3. (c) Social Security No.: —
4. Sex: male
5. Color or race: white
6. (a) ~~Single, widowed,~~ married, ~~divorced~~: married
6. (b) Name of ~~husband or~~ wife: Daisy Gauldin
6. (c) Age of husband or wife if alive: 65 years
7. Birth date of deceased: Dec. (Month) 10 (Day) 1870 (Year)
8. AGE: Years 69 Months 5 Days 1 If less than one day hr. min.
9. Birthplace: Saline County, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation: City Clerk, Slater, Mo.
11. Industry or business:
MOTHER FATHER
12. Name: Jno. V. Gauldin
13. Birthplace: California. (City, town, or county) (State or foreign country)
14. Maiden name: Virginia Gauldin
15. Birthplace: Mo. (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Daisy Gauldin
(b) Address: Slater, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5-13-'40 (Month) (Day) (Year)
(c) Place: burial or cremation: Slater, Mo.
18. (a) Signature of funeral director: Hill Brothers
(b) Address: Slater, Mo.
19. (a) May 13 (Date received by local registrar) (b) W. M. Tuttle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11th year 1940 hour 5.30 minute p M.
21. I hereby certify that I attended the deceased from Sept. 1939, to May 11, 1940, that I last saw him alive on May 11, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of stomach with general abdominal metastasis — Duration 1½?
Due to:
Due to:
Other conditions (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? (Specify type of place)
While at work? (e) Means of injury:
23. Signature: C. A. McDurney (M. D. or other)
Address: Slater, Mo. Date signed 5/13/40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number ----------
Date Filed 6-13-40

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~~ Edgar Moore, Registered Apprentice No. 230, working under my personal supervision.

Signed A. C. Hill

Licensed Embalmer No. 3090

P. O. Address Slater, 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.