

Registration District No. **FILED JUL 31 5 1940**

Primary Registration District No. **4219**

Registrar's No.

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

1. PLACE OF DEATH: Holt

(a) County _____

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

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community 1 year 3 months
years, months or days

3. (a) PRINT FULL NAME Martha Jane Gambrel 516

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 Single

6. (b) Name of husband or wife _____

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

7. Birth date of deceased March 6 1861
(Month) (Day) (Year)

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

79	3	10	hr. min.
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9. Birthplace Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation House work

11. Industry or business _____

MOTHER FATHER { 12. Name George Gambrel

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

14. Maiden name Elizabeth Brockat

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

16. (a) Informant Mrs. Ada Hendrix

(b) Address Mound City, Missouri

17. (a) Burial (b) Date thereof June 18, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Liberty Cemetery

18. (a) Signature of funeral director Ralph C. Moore

(b) Address Oregon, Missouri

19. (a) June 17, 1940 (b) Ralph C. Moore
(Date received local registrar) (Registrar's signature) Deputy

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Holt

(c) City or town Rural
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16
year 1940 hour 11 minute 45 A. M.

21. I hereby certify that I attended the deceased from March 11
1940 to June 16, 1940.

that I last saw her alive on May 19, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Ulcer of stomach 20 yrs

Other conditions Dilatation of stomach

Due to _____

Due to _____

Other conditions Dilatation of stomach
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations _____
Of autopsy _____
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? _____ (c) Means of injury _____

23. Signature Ralph C. Moore (M. D. or other) 1

Address Oregon Mo Date signed 6-17-40

RECEIVED

District Health Officer No. 11

District File Number 240-1204

Date Filed JUL 11 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

Ralph C. Moore

Licensed Embalmer No. 1743

P. O. Address Oregon, 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.