

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. _____

Primary Registration District No. 5-571Registrar's No. 12

1. PLACE OF DEATH:

- (a) County Jasper
 (b) City or town Sarcovie Rural Sarcovie
 (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 2
 (Specify whether

In this community Life
 years, months or days)8. (a) PRINT
FULL NAMEMary Virginia Gordon

8. (b) If veteran,
name war

8. (c) Social Security
No. 635

4. Sex

F

5. Color of
race H

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

(Month) Feb (Day) 27 (Year) 1938

8. AGE:

Years

Months

Days

If less than one day

241

hr. min.

9. Birthplace

Sarcovie

(City, town, or county)

Mo

(State or foreign country)

10. Usual occupation

11. Industry or business

12. Name

Lawrence Gordon

13. Birthplace

Wynnterville

(City, town, or county)

Arkansas

(State or foreign country)

14. Maiden name

Mary Hays

15. Birthplace

Oklahoma

(City, town, or county)

Oklahoma

(State or foreign country)

16. (a) Informant's own signature

Lawrence Gordon

- (b) Address

Sarcovie Mo

17. (a) Burial
(Burial, cremation, or removal)

- (b) Date thereof

6/30/40

(Month) (Day) (Year)

- (c) Place: burial or cremation

Sarcovie Cemetery

18. (a) Signature of funeral director

Poland C. Emig

- (b) Address

Sarcovie, Mo

19. (a) June 29 1940
(Date received local registrar)

- (b) Mrs. L. M. Bradley

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Jasper

- (c) City or town Sarcovie 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 28
 year 1940 hour 6 minute 30 P.M.

21. I hereby certify that I attended the deceased from June
27, 1940 to June 28, 1940

- that I last saw her alive on June 28, 1940
 and that death occurred on the date and hour stated above.

- Immediate cause of death Scarlet fever Duration _____

- Due to Indiscretion in diet
& malnutrition

- Due to _____

- Other conditions _____
 (Include pregnancy within 3 months of death) 12 20 13

- 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?
Yes

- While at work? _____ (Specify type of place)
 (e) Means of injury _____

23. Signature Dr. Albert B. Wheeler (M. D. or other) D.O.
 Address Carthage Mo Date signed June 29
1940

40-7-242

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. B. Orr

Licensed Embalmer No. *946*.....

P. O. Address *Mr. Vernon*.....

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.