

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

22457

JUL 15 1949

Registration District No. 6288

Primary Registration District No. 648

Registrar's No.

1. PLACE OF DEATH:

(a) County Ozark
 (b) City or town Nottville Twp
 (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 62 years (Specify whether
 In this community years, months or days)

3. (a) PRINT FULL NAME CHARLES GAULDING 4353. (b) If veteran, name war 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married
 divorced Widowed

6. (b) Name of husband or wife Gaulding Emily 6. (c) Age of husband or wife if
 alive years7. Birth date of deceased April 9 1878 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>62</u>	<u>1</u>	<u>22</u>	hr. min.

9. Birthplace Ozark (City, town, or county) mo (State or foreign country)10. Usual occupation Farmer

11. Industry or business

12. Name Andy Gaulding13. Birthplace Ozark (City, town, or county) mo (State or foreign country)14. Maiden name Margaret Brown15. Birthplace unknown (City, town, or county) (State or foreign country)16. (a) Informant Jesse Gaulding(b) Address Hammond Ave

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

(c) Place: burial or cremation Hamilton18. (a) Signature of funeral director O. B. McElm(b) Address W. H. H. H. H.19. (a) May 30 1949 (Date received local registrar) (b) Walter O. Bonds (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County ozark
 (c) City or town Nottville (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 May day 30 year 1940 hour 2:30 minute 0 M.21. I hereby certify that I attended the deceased from May 29 1940 to May 30 1940 that I last saw him alive on May 30 and that death occurred on the date and hour stated above.Immediate cause of death Merentrie
Thrombosis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy no

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?

5 (Specify type of place) While at work? (c) Means of injury

23. Signature M. J. Stierman (M. D. or other)Address Gouldville, Mo Date signed 6-25-46

Duration

2 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 6,

District File Number 740-2378

Date Filed JUL 12 1947

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.....

Licensed Embalmer No.....

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, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **2245-7**
Registrar's No. _____

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. **649**

Primary Registration District No. **6288**

1. PLACE OF DEATH

(a) County **St. Louis**
(b) City or town **St. Louisville T.P.**
(c) Name of hospital or institution:
(If not hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community (Specify whether years, months or days)

3. (a) PRINT FULL NAME

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex **m**

5. Color or race **w**

6. (a) Single, widowed, married, divorced **wid**

6. (b) Name of husband or wife

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

7. Birth date of deceased

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

62 1 22

hr min.

9. Birthplace

(City, town, or county)

(State or foreign country)

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace

(City, town, or county)

(State or foreign country)

14. Maiden name

15. Birthplace

(City, town, or county)

(State or foreign country)

16. (a) Informant

(b) Address

17. (a)

(Burial, cremation, or removal)

(b) Date thereof

(Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a)

(Date received local registrar)

(b)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County
(c) City or town (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

20. DATE OF DEATH

Month **May** day **30**
year **1940** hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19; that I last saw him alive on and that death occurred on the date and hour stated above. Immediate cause of death

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

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?

While at work?

(Specify type of place)

(e) Means of injury

23. Signature

(M. D. or other)

Address

Date signed

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

