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7-39
K21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

REC'D OCT 18 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32611

Registration District No. 581

Primary Registration District No. 4343

Registrar's No. 23

1. PLACE OF DEATH:

(a) County Monroe

(b) City or town Monroe City
(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 3
(Specify whether years, months or days)

3. (a) PRINT FULL NAME William O. Gifford

8. (b) If veteran, name war No

3. (c) Social Security No. 221

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Maecidia E. Gifford

6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased Aug 5 1889
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>51</u>	<u>1</u>	<u>20</u>	hr. min.

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

10. Usual occupation Farmer

11. Industry or business 9

12. Name Henry Gifford

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

14. Maiden name not known

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

16. (a) Informant Wm O Gifford

(b) Address Sumner Mo

17. (a) Burial (b) Date thereof 9/30/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Montgomery Mo

18. (a) Signature of funeral director William O Gifford

(b) Address Monroe City Mo

19. (a) Sept 28 1940 (b) Wm O Gifford
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shelby

(c) City or town Sumner Mo
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 28
year 1940 hour 2 minute 05 M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death due to automobile accident on Highway 36 one mile west of Monroe city.

Due to Head + Chest Injury when car turned over on time

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 2105

Of autopsy 22

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence 22

(c) Where did injury occur? on public Highway
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
513

While at work? 22 (Specify type of place) (e) Means of injury 2

23. Signature Quall Wilson (M. D. or other) Coroner
Address Monroe City Mo Date signed 9/28/40

AUG 27 1949

RECEIVED

District Health Officer No. 10

District File Number 10-40-1846

Date Filed OCT 8 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

Lester L. Nelson

Licensed Embalmer No. 3014

P. O. Address

Manassas City Va

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.