

Registration District No. 842

Primary Registration District No. 104 4212

Registrar's No. _____

REC'D OCT 23 1940

1. PLACE OF DEATH:
(a) County Stone
(b) City or town Crane Mo.
(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 _____
years, months or days)

8. (a) PRINT FULL NAME Edgar William Gaither
8. (b) If veteran, name war _____
8. (c) Social Security No. 702-16-7529

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Clara Gaither 6. (c) Age of husband or wife if alive 43 years
7. Birth date of deceased July 21 1890
(Month) (Day) (Year)

8. AGE: Years 50 Months 2 Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business Railroader Telegraph operator

MOTHER FATHER
12. Name David E Gaither
13. Birthplace W.C. (City, town, or county) (State or foreign country)
14. Maiden name Fannie Belle Clifford (City, town, or county) (State or foreign country)
15. Birthplace Tenn. (City, town, or county) (State or foreign country)

16. (a) Informant's own signature _____
(b) Address _____

17. (a) Burial (b) Date thereof 9-24-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crane Mo

18. (a) Signature of funeral director Aug H Maulana
(b) Address Crane Mo

19. (a) Sept - 23 - 1940 (b) Mrs Ethel Degett
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Stone
(c) City or town Crane
(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 Sept. day 21
year 1940 hour 1 minute 15 P.M.

21. I hereby certify that I attended the deceased from Saw him in the afternoon, 1940, to Sept. 21 - 1940
that I last saw him alive on Sept 21 - 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duquoin Rayhan

Due to _____ 59
Due to _____

Other conditions He also had diabetes 1930
(Include pregnancy within 3 months of death)

Major findings: Of operations none
Of autopsy none
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? 764

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

23. Signature H. L. Berry (M. D. or other) 1
Address Crane Mo. Date signed 9-24-40

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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: *Gary H. Maulone*

Licensed Embalmer No. *3827*

P. O. Address: *Chase Ave*

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.