

DEC 18 1940

Registration District No. 99

Primary Registration District No. 4061

Registrar's No. 13

1. PLACE OF DEATH:

(a) County Caldwell
 (b) City or town Polo
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Home
 (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 2

8. (a) PRINT FULL NAME Chas. B. Gaylord

8. (b) If veteran, L (c) Social Security name war _____ No. L

4. Sex Male 5. Color or race wh 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Sarah Wilhelmin Gaylord 6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased June 9 - 1863
 (Month) (Day) (Year)

8. AGE: Years 77 Months 4 Days 24 If less than one day hr. _____ min. _____

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

10. Usual occupation Retired

11. Industry or business _____

12. Name Ransom Gaylord

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

14. Maiden name Rhonda Smith

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

16. (a) Informant Mrs. Sarah Gaylord

(b) Address Polo mo

17. (a) Burial (b) Date thereof 11-7-1940
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kingston Cem

18. (a) Signature of funeral director Alspaugh Cowley

(b) Address Polo mo

19. (a) Nov 7 - 40 (b) Mrs Wyle Thompson
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Caldwell
 (c) City or town Polo
 (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 Nov. day 5
 year 1940 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from June 10,
1940 to Nov. 5, 1940;
 that I last saw him alive on Nov. 4, 1940,
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 1 day

Due to Generalized arteriosclerosis years ago

Due to 94%

Other conditions Chronic Hypertrophic Prostatitis years ago.
 (Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings: _____
 Of operations _____
 Of autopsy none
 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?
103 (Specify type of place)
 While at work? _____ (e) Means of injury _____

23. Signature J. E. Goldley (M. D. certified) Dr. A.
 Address Polo, Mo Date signed Nov. 7, 1940

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

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X21492

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, above space should be left blank.