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K21492

JAN 22 1941
Registration District No. 875

Primary Registration District No. 3039

State File No. _____
Registrar's No. 314

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Nevada
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
331 W. Allison
(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 Blanche G. Hicks
(b) If veteran, name war
(c) Social Security No. No

4. Sex Female 5. Color or race W
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Frank 6. (c) Age of husband or wife if alive years
7. Birth date of deceased July 7, 1880
(Month) (Day) (Year)

8. AGE: Years 60 Months 5 Days 21
If less than one day _____ hr. _____ min.

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

10. Usual occupation Homemaker

11. Industry or business _____

12. Name Joe Gotschall

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

14. Maiden name Elizabeth Gotschall

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

16. (a) Informant L. O. Gotschall
(b) Address Nevada Mo

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

(c) Place: burial or cremation Walborn Cemetery

18. (a) Signature of funeral director Allen D. Love
(b) Address Nevada Mo

19. (a) 12-30-40 (b) Allen D. Love
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Vernon
(c) City or town Nevada
(If outside city or town limits, write "RURAL")
(d) Street No. 331 W. Allison
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 28
year 1940 hour 5:30 minute _____ P. M.

21. I hereby certify that I attended the deceased from
July 22, 1940, to Dec 28, 1940
that I last saw her alive on Dec 28, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Due to Don't know

Due to _____

Other conditions (Include pregnancy within 3 months of death)
Arthritis - hands & arms

Major findings: Of operations

Of autopsy

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?
705

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

23. Signature WSP (M. D. or other)
Address Nevada, Mo Date signed 12/28/40

Duration July 1940
Don't know
PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 7,

District File Number 1-41-124

Date Filed 12-13-46

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 Allen V. Hays

Licensed Embalmer No. 1968

P. O. Address Nevada, Mo.

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.