

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FEB 14 1941
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2077
Registrar's No. 41

Registration District No. 125 Primary Registration District No. 3009

1. PLACE OF DEATH:
(a) County Cape Girardeau
(b) City or town Stoddard
(c) Name of hospital or institution: South East mo Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days
In this community 1-20-41 2 p.m. To 11:35 p.m. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State mo. (b) County Stoddard
(c) City or town Parma
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location)
(e) If foreign born, how long in U. S. A. 1 years.

3. (a) PRINT FULL NAME Earl William Gill
3. (b) If veteran, name war - 3. (c) Social Security No. -
4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced -
6. (b) Name of husband or wife - 6. (c) Age of husband or wife if alive - years
7. Birth date of deceased Jan - 7 - 1941
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan - day 20
year 1941 hour 11:35 a.m. minute - M.
21. I hereby certify that I attended the deceased from 1-20-41
2 p.m. 1941 to 11:35 p.m. 1941
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
13 hr. - min.

Immediate cause of death Premature birth
Due to 169
Due to 169

9. Birthplace Parma - mo
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 5 months of death)
Major findings: Of operations -
Of autopsy -
PHYSICIAN -
Underline the cause to which death should be charged statistically.

10. Usual occupation -
11. Industry or business -
12. Name Earl William Gill
13. Birthplace Ostlome
(City, town, or county) (State or foreign country)
14. Maiden name Virgie Soslin
15. Birthplace Ark.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Earl Gill
(b) Address Parma - mo
17. (a) - (b) Date thereof Jan 21 - 41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Parma Cemetery
18. (a) Signature of funeral director Carl Hill
(b) Address Parma - mo
19. (a) 1-20-41 (b) J. M. Thompson
(Date received local registrar) (Registrar's signature)

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? 169
While at work? (Specify type of place) (e) Means of injury -
23. Signature E. L. Seabough (M. D. or other) -
Address Cape Girardeau mo Date signed -

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.....

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.