

FEB 14 1941

Registration District No. 148

Primary Registration District No. H082

Registrar's No. 4

1. PLACE OF DEATH:

(a) County CASS
(b) City or town BELTON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 3 YEARS
years, months or days)

3. (a) PRINT FULL NAME MARCISSA VIENNA GAULT

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex FEMALE race WHITE 6. (a) Single, widowed, married, divorced, SINGLE

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased MARCH 12 1851
(Month) (Day) (Year)

8. AGE: Years 89 Months 10 Days 8 If less than one day hr. _____ min.

9. Birthplace JOHNSON CO Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER { 12. Name WILLIAM G. GAULT

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

14. Maiden name BETSY JANE FINE

15. Birthplace TENN. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. S. D. Spruice
(b) Address Belton Mo.

17. (a) BURIAL (b) Date thereof JAN. 22, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation WARRENSBURG, Mo.

18. (e) Signature of funeral director B. H. George & Sons
(b) Address Belton, Mo.

19. (a) Jan 22 41 (b) Tom Miller
(Data received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cass 19
(c) City or town Belton 0
(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. 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 20
year 1941 hour 2 minute 30 A.M.

21. I hereby certify that I attended the deceased from May 1939, 1939, to Jan 20 1941
that I last saw her alive on July 18 1941
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Carcinoma of uterus

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

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? 141

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

23. Signature Gertrude McKee (M. D. or other) 100
Address Belton, Mo. Date signed 1/20/41

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

19
0
0

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.....

A. K. George

Licensed Embalmer No. *3645*

P. O. Address.....

Spandown 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.