

34
FEB 14 1941

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

2443

Do not use this space.

1. PLACE OF DEATH

(a) County Douglas
(b) Township Lincoln
(c) City R. 3, Ava
(e) Length of residence in city or town where death occurred

Registration District No. 1075
Primary Registration District No. 5381

Registered No. 12

(d) Street No. 34
(If death occurred in Hospital or Institution, write its name instead of street and number)
(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Gladys L. Daniels

(a) Residence, No. 6 St. 6
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elmer Daniels

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 12, 1914

7. AGE YEARS 26 MONTHS 4 DAYS 11 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Arden Missouri
(STATE OR COUNTRY)

FATHER 13. NAME Sherman G. Gibson
14. BIRTHPLACE (CITY OR TOWN) Kansas
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Martha Hammons
16. BIRTHPLACE (CITY OR TOWN) Douglas Co. Missouri
(STATE OR COUNTRY)

17. INFORMANT (ADDRESS) R. 3, Ava, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Arden DATE 1-24-41

19. FUNERAL DIRECTOR (ADDRESS) Friends

20. FILED 1-28 1941 Reba King White Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 23, 1941

22. I HEREBY CERTIFY, That I attended deceased from Jan 23 1941, to Jan 23 1941.
I last saw him alive on Jan 23 1941. Death is said to have occurred on the date stated above, at 10: A m.
The principal cause of death and related causes of importance were as follows:

Initial Regurgitation
Child birth
Secondary Anemia
Other contributory causes of importance:

Name of operation None Date of 1-23-41
What test confirmed diagnosis? None Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? None Date of injury 1-23-41
Where did injury occur? None (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased?
If so, specify None
(Signed) D. C. P. Harlan M. D.
(Address) Ava, Mo.

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.

RECEIVED

District Health Officer No. 6;

District File Number Dr. Harlin

Date Filed _____

RECEIVED

District Health Officer No. 6,

District File Number 141-163

Date Filed FEB 1 1941

JUN 9 1950

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

L. E. _____

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

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.)

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2443

Registration District No. 1070

Primary Registration District No. 5381

Registrar's No. 12

1. PLACE OF DEATH:

- (a) County Douglas
(b) City or town Lawrence
(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)

3. (a) PRINT
FULL NAME

3. (b) If veteran,
name war.....

3. (c) Social Security
No.....

4. Sex

F

5. Color or
race W

6. (a) Single, widowed, married,
divorced m

6. (b) Name of husband or wife.....

6. (c) Age of husband, or wife, if
alive..... years

7. Birth date of deceased.....

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

26

4

11

min.

9. Birthplace.....

(City, town, or county)

(State or foreign country)

10. Usual occupation.....

11. Industry or business.....

12. Name.....

13. Birthplace.....

(City, town, or county)

(State or foreign country)

14. Maiden name.....

15. Birthplace.....

(City, town, or county)

(State or foreign country)

16. (a) Informant.....

- (b) Address.....

17. (a)..... (b) Date thereof.....

(Burial, cremation, or removal)

(Month) (Day) (Year)

- (c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

- (b) Address.....

19. (a) Jan 14 1941 (b).....

(Date received local registrar)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo (b) County Douglas

- (c) City or town ava mo R 3
(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 Jan day 13
year 1941 hour..... minute..... M.

21. I hereby certify that I attended the deceased from.....
19..... to..... 19.....

that I last saw him..... alive on..... 19.....

and that death occurred on the date and hour stated above.

Immediate cause of death.....

Duration

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings:

Of operations.....

Of autopsy.....

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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?

While at work?

(Specify type of place)

(e) Means of injury.....

23. Signature O E Harlan (M. D. or other).....

Address ava mo Date signed.....

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

RECEIVED

