

MO FEB 17 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3436

Registration District No. 561

Primary Registration District No. 4330

Registrar's No. 6

1. PLACE OF DEATH:

(a) County MILLER
(b) City or town ELDON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
none
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
(Specify whether
In this community years, months or days)

8. (a) PRINT FULL NAME MARY-BELL-GOSNEY

8. (b) If veteran, name war A 8. (c) Social Security No. 1

4. Sex FEMALE 5. Color on race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife A 6. (c) Age of husband or wife if alive 1 years

7. Birth date of deceased JANUARY 22 1861
(Month) (Day) (Year)

8. AGE: Years 80 Months 0 Days 2 If less than one day hr. - min.

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

10. Usual occupation Housewife

11. Industry or business HOME

12. Name Noah Dawson

13. Birthplace CAMBELL-Co. Ky
(City, town, or county) (State or foreign country)

14. Maiden name ELLEN Redder

15. Birthplace CAMBELL Co. Ky
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ray Ganey

(b) Address Eldon Mo

17. (a) BURIAL (b) Date thereof 1-26-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation EUGENE Mo. Cem

18. (a) Signature of funeral director Blithm Page

(b) Address Eldon Mo

19. (a) (Date received local registrar) (b) Belle Hughes
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MILLER
(c) City or town ELDON
(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.? X 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 24
year 41 ~~42~~ hour 12 minute 15 P. M.

21. I hereby certify that I attended the deceased from Jan 1 1941 to Jan 24 1941;
that I last saw her alive on Jan 24 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Liver Duration 2

Due to Gall-Bladder Infection ?

Due to _____

Other conditions. (Include pregnancy within 3 months of death) HV

Major findings: Of operations _____
Of autopsy _____

PHYSICIAN
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? 495

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

23. Signature G. D. Walker (M. D. or other) D
Address Eldon Mo Date signed 1/27/41

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

21
1

RECEIVED
Miller County Health Dep't.
County File Number. 41-27
Date Filed 2/13/44

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 *Keith McKay*
Licensed Embalmer No. 3998
P. O. Address *Eldon Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)
If this body is not embalmed, above space should be left blank.