V. S. No. 2
M—11-10-39
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7033

FILED MAR 20 1941

Registration District No. 38

Primary Registration District No. 4201

Registrar's No.

41

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

41
0
0

1. PLACE OF DEATH:

(a) County Harrison Co

(b) City or town Gilman City Mo

(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 years, months or days)

In this community Entire life

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Harrison

(c) City or town Gilman City Mo

(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.

3. (a) PRINT FULL NAME SARAH E. MOTE

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

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

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

7. Birth date of deceased Sept (Month) 12 (Day) 1863 (Year)

8. AGE: Years 77 Months 4 Days 9 If less than one day hr. min.

9. Birthplace Davies Co Mo (City, town, or county) (State or foreign country)

10. Usual occupation Hand Keeper

11. Industry or business

FATHER 12. Name Thomas Oram

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

MOTHER 14. Maiden name Nancy Ward

15. Birthplace Springfield Ills (City, town, or county) (State or foreign country)

16. (a) Informant Albert Mote

(b) Address Gilman City Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 16-1941 (Month) (Day) (Year)

(c) Place: burial or cremation Gilman City Oram Cemetery

18. (a) Signature of funeral director W D Haines

(b) Address Gilman City Mo

19. (a) Mar 2, 1941 (Date received by local registrar) (b) L D Dipert (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 14th year 1941 hour 11 minute 26 P M.

21. I hereby certify that I attended the deceased from Jan 1, 1941, to Jan 14th, 1941; that I last saw him alive on Jan 14th, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute dilatation of heart	
Due to Influenza	3 days
Due to Bronchial pneumonia	2 days
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations n/n	
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature U L Warren (M. D. or other) MD

Address Gilman City Mo Date signed 2/4/41

(Licensed Embalmer's Statement on Reverse Side)

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 W. D. Haines, Registered Apprentice No. _____, working under my personal supervision.

Signed W. D. Haines

Licensed Embalmer No. 942

P. O. Address Gilman City 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.