

MAILED APR 4 1941
Registration District No. **73**

Primary Registration District No. **3006**

Registrar's No. **56**

10
460
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Boone

(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
304 Westmount
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Mo
(Specify whether years, months or days)

In this community 30 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **FLORENCE GAUNTLETT**

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife D. H. Gauntlett

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

7. Birth date of deceased July 25 1892
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>48</u>	<u>7</u>	<u>10</u>	hr. min.

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

10. Usual occupation At Home

11. Industry or business

12. Name David Hudson, M.D.

13. Birthplace Warren Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Virginia

15. Birthplace Mineral, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant D. H. Gauntlett

(b) Address Columbia, Mo.

17. (a) Funeral (b) Date thereof March 3 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Columbia High Cem.

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

(b) Address Columbia, Mo.

19. (a) 3/3/41 (b) Allie Selby
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone

(c) City or town Columbia
(If outside city or town limits, write "RURAL")

(d) Street No. 304 Westmount
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1 year 1941 hour 9 minute a M.

21. I hereby certify that I attended the deceased from June 1935 to March 1 1941; that I last saw her alive on Feb 28 1941; and that death occurred on the date and hour stated above.

Immediate cause of death

Carcinoma of Breast Duration 1935

Recurrent with

Due to metastasis 1940

Due to 50

Other conditions 50
(Include pregnancy within 3 months of death)

Major findings: Carcinoma Breast 1935

Of operations 1935

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? 74

While at work? _____ (Specify type of place)

(a) Means of injury _____

23. Signature [Signature] (M. D. or other) M.D.

Address Columbia, Mo. Date signed 3/3/41

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. *4137*

P. O. Address..... *Columbia*

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, fact should be so stated above.