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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

APR 10 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11229

Registration District No. 491

Primary Registration District No. 2656

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Lincoln

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

(c) Name of hospital or institution: [illegible]

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether

In this community ____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lincoln 57

(c) City or town Moscow Mills Mo (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.? ____ years.

3. (a) PRINT FULL NAME THOMAS HENRY GADBERRY

3. (b) If veteran, name war None

3. (c) Social Security No. 707-09-5136

4. Sex Male

5. Color or race White

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

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

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased Feb 3 (Month) (Day) 1873 (Year)

8. AGE: Years 68 Months 1 Days 17 If less than one day ____ hr. ____ min.

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

10. Usual occupation Retired Railroad Emp.

11. Industry or business

FATHER
12. Name Thomas Jefferson Gadberry
13. Birthplace (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Sarah Payne
15. Birthplace (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant Mable Gadberry

(b) Address Moscow Mills Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 22 41 (Month) (Day) (Year)

(c) Place: burial or cremation Highland Prairie Cem

18. (a) Signature of funeral director Wayne M. Coy

(b) Address Troy Mo

19. (a) Mar 21-41 (Date received local registrar) (b) Mrs Pearl Muck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20 year 1941 hour 7 30 minute A M.

21. I hereby certify that I attended the deceased from February 16, 1940 to March 20, 1941 that I last saw him alive on March 19, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to

Due to

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

Major findings:
Of operations —
Of autopsy —

Duration

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? 440 — (e) Means of injury —

23. Signature Dr J. J. Allevato (M. D. or other)

Address Winfield Mo Date signed 3/21/41

(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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Wayne McCoy

Licensed Embalmer No. 3586

P. O. Address Troy Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.