

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **15249**

Registration District No. **592**

Primary Registration District No. **4350**

Registrar's No. **6**

1. PLACE OF DEATH:

(a) County **Montgomery**  
(b) City or town **Montgomery City, Mo**  
(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 \_\_\_\_\_ (Specify whether)  
In this community **50 years** (years, months or days)

3. (a) PRINT FULL NAME **JOSIE GAYNAWAY**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **Female** 5. Color or race **Colored**  
6. (a) Single, widowed, married, divorced **married**  
6. (b) Name of husband or wife **Fred Gaynaway**  
6. (c) Age of husband or wife if alive **63** years  
7. Birth date of deceased **May 22 1890**  
(Month) (Day) (Year)

8. AGE: Years **50** Months **10** Days **23** If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace **Montgomery Co Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **House Wife**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **James Wellis**  
13. Birthplace **Montgomery Co Missouri**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Hattie Potts**  
15. Birthplace **Montgomery Co Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Fred Gaynaway**  
(b) Address **Montgomery City, Mo**

17. (a) **Burial** (b) Date thereof **April 17, 1941**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Montgomery City Cemetery**  
(d) Signature of funeral director **J. M. ...**

(b) Address **Montgomery City, Mo**

19. (a) **April 15, 41** (b) **Oswell Wessifree**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Montgomery**  
(c) City or town **Montgomery City, Mo**  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? **NO** (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Apr** day **15<sup>th</sup>**  
year **1941** hour **10** minute **0** P. M.

21. I hereby certify that I attended the deceased from **May 1, 1939** to **April 15, 1941**  
that I last saw her alive on **April 15, 1941**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Valvular Heart Disease, mitral insufficiency**  
Due to **Nephritis, chronic interstitial**

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) **None**

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? **520**  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature **Buell Wessifree** (M. D. or other) \_\_\_\_\_  
Address **Montgomery City, Mo** Date signed **4-16-41**

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

**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 *Joseph A. MacLean*  
Licensed Embalmer No. *3658*

P. O. Address *Meriden, Conn.*

**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.**