FILED MAY 5 1941

S. No. 2
—11-10-39
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. 15397

Registration District No. 611 Primary Registration District No. 5812 Registrar's No.

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

1. PLACE OF DEATH:
(a) County Newton Seneca
(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(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 20 years

2. USUAL RESIDENCE OF DECEASED: 73
(a) State Missouri (b) County Newton 6
(c) City or town Rural 6
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. # 1
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years

3. (a) PRINT FULL NAME Sarah E. Gish
3. (b) If veteran, name war 1
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 Charley A. Gish
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec. (Month) 13 (Day) 1860 (Year)
8. AGE: Years 80 Months 3 Days 20 If less than one day hr. min.
9. Birthplace Orbon (City, town, or county) Illinois (State or foreign country) 1
10. Usual occupation House Wife
11. Industry or business
FATHER 12. Name unknown
13. Birthplace unknown (City, town, or county) 9 (State or foreign country)
MOTHER 14. Maiden name unknown
15. Birthplace unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant George Miner
(b) Address Seneca, Mo. R. 1
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 (Month) 4 (Day) 1941 (Year)
(c) Place: burial or cremation Seneca, Mo.
18. (a) Signature of funeral director Bill Buzzard
(b) Address Seneca, Mo.
19. (a) April 20 1941 (Date received by local registrar) (b) Merle Sparkman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2
year 1941 hour 5 minute 30 P.M.
21. I hereby certify that I attended the deceased from March 25 1941, to April 2 1941; that I last saw her alive on April 2 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Influenza	
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature W. C. Barnard (M. D. or other)
Address Seneca Mo. Date signed 4/5/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 541-689
Date Filed MAY 3 1941

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 me, Registered Apprentice No. ..... working under my personal supervision.

Signed Bill Buzzard

Licensed Embalmer No. 2334

P. O. Address Seneca 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.