No. 2
4-13-
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19213

Registration District No. FILED JUN 11 1941 943 Primary Registration District No. 6106 Registrar's No.

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

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0
0

1. PLACE OF DEATH:
(a) County Stone Twp. 7
(b) City or town Chestnut Ridge B-
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: none 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 17 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 22
(c) City or town Chestnut Ridge OR
(If outside city or town limits, write "RURAL") 0
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME Melva Gideon

3. (b) If veteran, name war —

3. (c) Social Security No. none

4. Sex F 1

5. Color or race wh

6. (a) ~~Single~~, widowed, ~~married~~, ~~divorced~~ Widowed

6. (b) Name of husband or wife Ernest Gideon

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

7. Birth date of deceased March (Month) 12 (Day) 1900 (Year)

8. AGE: Years 41 Months 2 Days 10 If less than one day hr. min.

9. Birthplace Stone (City, town, or county) Missouri (State or foreign country)

10. Usual occupation House Wife

11. Industry or business —

FATHER
12. Name W. H. Bilyeu
13. Birthplace (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Mary Stewart
15. Birthplace (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mona Gideon
(b) Address Chestnut Ridge, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 22-41 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Ridge

18. (a) Signature of funeral director Everett J. Cheatham
(b) Address Galena, Md.

19. (a) May 22 (Date received local registrar) (b) Nellie Tromley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21
year 1941 hour 8 minute P.M.

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

	Duration
Immediate cause of death nephritis	
Due to arteriosis	
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? 7 1/2 (Specify type of place)
While at work? (e) Means of injury

23. Signature [signature] (M. D. ~~or other~~) 0
Address Guam Mo Date signed May 22-41

(Licensed Embalmer's Statement on Reverse Side)

132

RECEIVED
District Health Officer No. 6,
District File Number 641-921
Date Filed JUN 9 1941

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was not embalmed by me, or by ....., Registered Apprentice No. ..... working under my personal supervision.

Signed Everett J. Cheatham

Licensed Embalmer No. 3870

P. O. Address Galena, 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, fact should be so stated above.

S. No. 2B
00—4-25-41
1 X27852

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19213 ~~192-103~~

Registration District No. 843 Primary Registration District No. 4513 Registrar's No.

1. PLACE OF DEATH
(a) County Stone
(b) City or town Galena
(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

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Melvin Gideon
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced wid
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased (Month) (Day) (Year)
8. AGE: Years 41 Months 2 Days 9 If less than one day hr. min.
9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER 12. Name
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21 year 1941 hour minute M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw him alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Nephrolithiasis (acute)	
Due to Arteriosclerosis	
Due to	
Other conditions 130 (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 (M. D. or other)
Address Date signed

SUPPLEMENTARY

19213