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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 19 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27726

Registration District No. 29 Primary Registration District No. 4021 Registrar's No. 97

1. PLACE OF DEATH:

(a) County: Barry

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

(c) Name of hospital or institution: Barry County Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 13 Days (Specify whether years, months or days)

In this community All of Life

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Barry

(c) City or town: Cassville,
(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: Lona Mae Gifford

3. (b) If veteran, name war: ----------

3. (c) Social Security No.: ----------

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: single

6. (b) Name of husband or wife: ----------

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

7. Birth date of deceased: Nov (Month) 30th (Day) 1939 (Year)

8. AGE:

Years	Months	Days	If less than one day
1	7	10	4 hr. min.

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

10. Usual occupation: ----------

11. Industry or business: ----------

FATHER
12. Name: C. J. Gifford
13. Birthplace: Okla. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Vivian Hicks
15. Birthplace: Douglas County (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: C. J. Gifford
(b) Address: Cassville, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: July 12 1941 (Month) (Day) (Year)
(c) Place: burial or cremation: Oak Hill

18. (a) Signature of funeral director: Horine & Culver
(b) Address: Cassville, Missouri

19. (a) July 18, 1941 (Date received local registrar) (b) Geo. W. Neumann, M.D. (Registrar's signature) By M.M.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10th year 1941 hour 11 minute A M.

21. I hereby certify that I attended the deceased from June 27, 1941, to July 10, 1941; that I last saw him alive on July 10, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute dysentery	16 days
Due to: infestation	
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?
While at work? (Specify type of place) (e) Means of injury:

23. Signature: James L. Jackson (M. D. ~~or other~~)
Address: Cassville Mo Date signed 7-18-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 941-1503
Date Filed SEP 15 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.....

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

working under my personal supervision.

Signed O. Gordon Bennett

Licensed Embalmer No. 4218

P. O. Address Cassville, Mis

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

If this body is not embalmed, fact should be so stated above.