

No. 2
1-10-39
-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED SEP 11 1941

Registration District No. 838

Primary Registration District No. 2098B

Registrar's No.

1. PLACE OF DEATH:

(a) County Stoddard

(b) City or town Dexter Mo. R3
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Laboratory Temp
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Stoddard

(c) City or town Dexter Mo R3
(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.

8. (a) PRINT FULL NAME Dora Isabell Gelles

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18
year 1941 hour 4 minute 2 M.

21. I hereby certify that I attended the deceased from 7-18-1941 to 7-18-1941
that I last saw her alive on 7-17-1941
and that death occurred on the date and hour stated above.

Immediate cause of death Labor Exhaustion Duration

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife C. C. Gelles 6. (c) Age of husband or wife if alive 1874 years

7. Birth date of deceased July 23 1874
(Month) (Day) (Year)

8. AGE: Years 66 Months 11 Days 25 hr. _____ min. _____

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

10. Usual occupation House Keeper

11. Industry or business

MOTHER FATHER { 12. Name Alexander Montgomery

13. Birthplace S. Cash
(City, town, or county) (State or foreign country)

14. Maiden name Lets Jane Betty

15. Birthplace S. Cash
(City, town, or county) (State or foreign country)

16. (a) Informant CO McFarlen

(b) Address Dexter Mo

17. (a) Burial (b) Date thereof July 20 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Bethel

18. (a) Signature of funeral director W. H. F. Funder

(b) Address Dexter Mo

19. (a) 8/13 1941 (b) Jessie Burton
(Date received local registrar) (Registrar's signature)

Due to _____

Due to _____

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

Major findings: _____

Of operations _____

Of autopsy no

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) no

(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)

(a) Means of injury _____

23. Signature S. S. Lane (M. D. or other) D

Address Dexter Mo Date signed 7-19-41

RECEIVED

District Health Office No. 2,

District File Number 941-1246

Date Filed 9/24/1

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

BJ Brentlinger

Licensed Embalmer No. 42010

P. O. Address Devter, M

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

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