

V. S. No. 2
DM-1-4-41
Rev. 5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34518

FILED NOV 12 1941

Registration District No. -1-0-5-

Primary Registration District No. 5155

Registrar's No. 22

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

14
0
0

1. PLACE OF DEATH

(a) County CALLAWAY

(b) City or town Adm. 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 _____)

In this community LIFE years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County CALLAWAY

(c) City or town RURAL
(If outside city or town limits, write "RURAL")

(d) Street No. R.F.D.#1
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JAMES HENRY GAY

3. (b) If veteran, name war No.

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 24
year 1941 hour 4 minute 55 A.M.

21. I hereby certify that I attended the deceased from May
6 1941 to Oct 24 1941
that I last saw him alive on Oct 10 1941
and that death occurred on the date and hour stated above.

4. Sex M.O

5. Color or race W

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

6. (c) Age of husband or wife if alive 82 years

7. Birth date of deceased: JAN 8 1889
(Month) (Day) (Year)

Immediate cause of death Corbic Regurgitation of Heart Duration _____

Due to Arterio Vasculor Hypertension

Due to _____

8. AGE: Years 82 Months 10 Days 22
If less than one day _____ hr. _____ min.

Other conditions Arterio sclerosis
(Include pregnancy within 3 months of death)

9. Birthplace CALLAWAY Co. MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER (Retired)

PHYSICIAN

Major findings:
Of operations _____
Of autopsy gja
Underline the cause to which death should be charged statistically.

11. Industry or business _____

MOTHER FATHER {
12. Name M. GAY
13. Birthplace OK. (City, town, or county) (State or foreign country)
14. Maiden name OK
15. Birthplace OK. (City, town, or county) (State or foreign country)

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? _____

16. (a) Informant WALTER GAY

(b) Address PORTLAND, MO

17. (a) BURIAL (Burial, cremation, or removal)

(b) Date thereof OCT 26 1941 (Month) (Day) (Year)

(c) Place: burial or cremation PORTLAND, MO

18. (a) Signature of funeral director Elen Y. Maupin

(b) Address 700 Court St. Fulton, Mo

19. (a) Oct. 26 1941 (Date received local registrar)

(b) W. Williamson (Registrar's signature)

(Specify type of place) _____

While at work? _____ (e) Means of injury _____

23. Signature W. O. Payne (M. D. or other) _____

Address R. L. Fulton Date signed 10/25/41

JAN 27 1942

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..... *Glen Y. Maupin*
Licensed Embalmer No..... *2725*
P. O. Address..... *Fulton 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.