

S. No. 2  
4-12-40  
17-39  
K23159

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED NOV 13 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 35477

Registration District No. 538

Primary Registration District No. 3028

Registrar's No. 74

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

1. PLACE OF DEATH: Madison  
 (a) County  
 (b) City or town Fredericktown  
 (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  
 In this community 1 years, months or days

3. (a) PRINT FULLNAME James Nelson Gamblin  
 3. (b) If veteran, name war X  
 3. (c) Social Security No. X

4. Sex Male  
 5. Color or race White  
 6. (a) Single, widowed, married, divorced, Married  
 6. (b) Name of husband or wife Zenia Jane Gamblin  
 6. (c) Age of husband or wife if alive 75 years  
 7. Birth date of deceased Feb. 1867  
 (Month) (Day) (Year)

8. AGE: Years 74 Months 8 Days 15  
 If less than one day hr. min.

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

10. Usual occupation Miner

11. Industry or business Lead Mines

MOTHER FATHER { 12. Name Harmon Gamblin  
 13. Birthplace Unknown Unknown  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Caroline Thompson  
 15. Birthplace Unknown Unknown  
 (City, town, or county) (State or foreign country)

16. (a) Informant Lester Gamblin (son)

(b) Address R #3, Fredericktown, Mo.

17. (a) Burial (b) Date thereof 11-2-1941  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mine LaMotte, Mo.

18. (a) Signature of funeral director Stanley N. Dixon

(b) Address Fredericktown, Mo.

19. (a) Nov 2 - 1941 (b) S. L. Slaughter  
 (Date received local registrar) (Signature of registrar)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Madison  
 (c) City or town Fredericktown  
 (d) Street No. 312 Franklin  
 (e) If foreign born, how long in U. S. A. 0 years

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month NOV. day 1st.  
 year 1941 hour 4 minute 50 A. M.

21. I hereby certify that I attended the deceased from Oct 15, 1941, to Nov 1, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Acute suppurative hemorrhagic  
 Duration 2 weeks

Due to  
 Due to

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

PHYSICIAN  
 Major findings:  
 Of operations  
 Of autopsy

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?  
 (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 Harry Borron (M. D. or other) D  
 Fredericktown Mo Date signed 11-2-41

NOV 14 1941

2.04.2.7  
-15-8-MO1  
esx 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

*Stanley H. Dixon*

Licensed Embalmer No.

*4193*

P. O. Address

*Fredericktown, 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.**

EMERALD EMBALMING SERVICE

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 35477

Registration District No. 538

Primary Registration District No. 3028

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Madison  
(b) City or town Fredericktown  
(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  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME James H. Gambler

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 M

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Feb 16 1941  
(Month) (Day) (Year)

8. AGE: Years 74 Months 8 Days \_\_\_\_\_ If less than one day \_\_\_\_\_ min.

9. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry of business \_\_\_\_\_

12. Name \_\_\_\_\_

13. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

14. Maiden name \_\_\_\_\_

15. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

16. (a) Informant \_\_\_\_\_

(b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

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 \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day \_\_\_\_\_  
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.

Immediate cause of death \_\_\_\_\_

Chronic nephritis  
hemorrhagic  
nephritis  
Due to chronic  
nephritis  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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. Harry Barron (M. D. or other) \_\_\_\_\_  
Address Fredericktown Mo Date signed 12/11/41

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

SUPPLEMENTARY

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

S-35477