

No. 2
-13-40
17-39
X23159

FILED DEC 3 1941

Registration District No.

Primary Registration District No. 4359

Registrar's No.

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

1. PLACE OF DEATH: *New Madrid*
 (a) County: *Parma, MISSI*
 (b) City or town: *Parma* (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: *None*
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution: *None*
 In this community: *50 yrs. 1* (Specify whether years, months or days)

3. (a) PRINT FULL NAME: *Sarah C. Gore*
 3. (b) If veteran, name war: *None*
 3. (c) Social Security No: *None*

4. Sex: *Female* Color or race: *White*
 6. (a) Single, widowed, married, divorced: *Widowed*
 (b) Name of husband or wife: *John Gore*
 6. (c) Age of husband or wife if alive: *12* years
 7. Birth date of deceased: *Oct 12 1866* (Month) (Day) (Year)

8. AGE: Years: *75* Months: *1* Days: *5* If less than one day: *hr. min.*

9. Birthplace: *Little Rock Ark. State* (City, town, or county) (State or foreign country)

10. Usual occupation: *House wife*

11. Industry or business: *None*

12. Name: *Pleas Weste*
 13. Birthplace: *Tenn State* (City, town, or county) (State or foreign country)
 14. Maiden name: *McIntosh*
 15. Birthplace: *unknown* (City, town, or county) (State or foreign country)

16. (a) Informant: *Annie Dunlap*
 (b) Address: *St. Louis Mo*

17. (a) *Burial* (b) Date thereof: *Nov. 19-1941* (Month) (Day) (Year)
 (c) Place: burial or cremation: *Parma Cemetery*

18. (a) Signature of funeral director: *Walter J. ...*
 (b) Address: *Parma Mo*

19. (a) *11-20-41* (b) *Dr. ...* (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State: *Missouri* (b) County: *New Madrid*
 (c) City or town: *Parma - Rural* (If outside city or town limits, write "RURAL")
 (d) Street No. (If rural, give location)
 (e) If foreign born, how long in U. S. A.: *0* years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: *11* day: *17* year: *1941* hour: ... minute: ... M.

21. I hereby certify that I attended the deceased from: *7-10-41*, 19... to: *11-17-41*, 19...
 that I last saw *her* alive on: *11-17-41*, 19...
 and that death occurred on the date and hour stated above.

Immediate cause of death: *Chronic Myocardial Regeneration*

Due to: ...
 Due to: ...

Other conditions: *93d* (Include pregnancy within 3 months of death)

Major findings: ...
 Of operations: ...
 Of autopsy: ...

Duration
 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: *2*

23. Signature: *W. J. ...* (M. D. or other) *MD*
 Address: *Parma Mo* Date signed: *11-20-41*

RECEIVED

District Health Office No. 2,

District File Number 1241-1596

Date Filed 12/1/41

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.....

B. J. Brentlinger

..... Licensed Embalmer No. 4201

..... P. O. Address Wyster, N.

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.