

FILED FEB 7 1942  
Registration District No. 277

Primary Registration District No. 6165-

Registrar's No.

1. PLACE OF DEATH:

(a) County Vermon  
(b) City or town Boonville, Howard Rural  
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Vermon  
(c) City or town Howard Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Near Harwood  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 10  
year 1942 hour 5 minute 40 A.M.  
21. I hereby certify that I attended the deceased from Dec 1940  
Nov-15 1941 to \_\_\_\_\_ 19\_\_\_\_;  
that I last saw him alive on Nov-15 \_\_\_\_\_ 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis Duration do not  
chole know  
Due to scintilly  
Due to scintilly  
Other conditions none 938  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations none  
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 no  
(c) Where did injury occur? none  
(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 J.W. Richardson (M. D. or other) 0  
Address Jefferson Mo Date signed 1-11-1942

3. (a) PRINT FULL NAME Ellen Belle Gee  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race W  
6. (a) Single, widowed, married, divorced, widowed  
6. (b) Name of husband or wife Wm. R. Gee 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Dec 22 1861  
(Month) (Day) (Year)

8. AGE: Years 80 Months 0 Days 18 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Thomas Jones

13. Birthplace 1 Kentucky (City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Ann May

15. Birthplace 1 Kentucky (City, town, or county) (State or foreign country)

16. (a) Informant Pressie Gee

(b) Address Harwood, Mo

17. (a) Clintonville (b) Date thereof Jan 12 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clintonville

18. (a) Signature of funeral director Carvagon

(b) Address Harwood Mo

19. (a) Jan 11-42 (b) Pearle Rapps  
(Date received local registrar) (Registrar's signature)

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

RECEIVED

District Health Officer No. 7

District File Number 2-42-7

Date Filed 2-5-42

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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 Olovas 99011

Licensed Embalmer No. 2709

P. O. Address Harwood 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.**