S. No. 2
—9-4-41
5-17-39
PI X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 3 1942

Registration District No. 125

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3009

State File No. 6208

Registrar's No. 25

1. PLACE OF DEATH:

(a) County Cape Girardeau

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

(c) Name of hospital or institution: S E Mo. Hospital D (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 15 minutes (Specify whether

In this community 2 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau

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

(d) Street No. 1603 Themis (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Gertrude Quinn

3. (b) If veteran, name war ***

3. (c) Social Security No. ***

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife John

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

7. Birth date of deceased Dec (Month) 27 (Day) 1868 (Year)

8. AGE: Years 73 Months 0 Days 24 If less than one day hr. min.

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

10. Usual occupation House keeper

11. Industry or business

FATHER
12. Name John Henry Gallemore
13. Birthplace Fayette (City, town, or county) Mo (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace " (City, town, or county) (State or foreign country)

16. (a) Informant R F Quinn

(b) Address Cape Girardeau Mo

17. (a) Buriel (Burial, cremation, or removal) (b) Date thereof I-23-42 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Joe E Howell

(b) Address Cape Girardeau Mo

19. (a) 1-23-42 (Date received local registrar) (b) F.W. Phelps (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 21 year 1942 hour I minute 15 a M.

21. I hereby certify that I attended the deceased from 1/20, 1942 to 1/21, 1942 that I last saw her alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion — Duration 2 days

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 94a

Of autopsy

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

23. Signature Chas. J. Herbert (M. D. or other)

Address Cape Girardeau Mo Date signed I-22-42

1014 (Licensed Embalmer's Statement on Reverse Side)

MAR 6 1942

RECEIVED

District Health Officer No. 4

District File Number 242-168

Date Filed 2-10-42

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 J B Howell

Licensed Embalmer No. 3390

P. O. Address Cape Girardeau 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.