

S. No. 2
-1-4-41
5-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **337376**
Registrar's No. **6**

FILED MAR 16 1942

Registration District No. **674**

Primary Registration District No. **4033**

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

1. PLACE OF DEATH:

(a) County Newton
(b) City or town Granby
(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 All of life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton
(c) City or town Granby
(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 _____

3. (a) PRINT FULL NAME Bobby Gene Gaddis

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Single

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

7. Birth date of deceased May 9 1940
(Month) (Day) (Year)

8. AGE: Years 1 Months 8 Days 25 If less than one day _____ hr. _____ min.

9. Birthplace Granby Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name Eva Mae Gaddis

15. Birthplace Granby, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Eva Mae Gaddis

(b) Address Granby, Missouri

17. (a) Burial (b) Date thereof Feb 6 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Granby Cemetery

18. (a) Signature of funeral director Horine & Culver

(b) Address Cassville, Missouri

19. (a) Feb. 6 1942 (b) Helen Norwood
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 4th
year 1942 hour 6:30 minute P. M.

21. I hereby certify that I attended the deceased from Jan 23
1942 to Feb 4 1942

that I last saw h.i.m. alive on Feb 4 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Osteomyelitis, right femur. Duration 2 weeks

Due to _____

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? _____

While at work? _____ (Specify type of place) (b) Means of injury _____

23. Signature Charles J. Chittenden (M. D. or other) D.D.

Address Granby, Mo. Date signed 2/6/42

PHYSICIAN

Underline the cause to which death should be charged statistically.

MOTHER FATHER

1149

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 6,

District File Number 342-345

Date Filed MAR 12 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 B. Gordon Bennett

Licensed Embalmer No. 4213

P. O. Address Cassville Missouri

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.