

FILED MAY 23 1942

Registration District No. 309

Primary Registration District No. 4189

Registrar's No. 47

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

1. PLACE OF DEATH:
 (a) County Gentry
 (b) City or town McFall, Mo
 (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 entire life years, months or days

3. (a) PRINT FULL NAME Mary Elizabeth Gill
 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 widowed
 6. (b) Name of husband or wife William James Gill 6. (c) Age of husband or wife if alive 1860 years
 7. Birth date of deceased May 1 (Month) (Day) (Year)

8. AGE: Years 81 Months 11 Days 14 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Carl De Walt Houck
 13. Birthplace France (City, town, or county) (State or foreign country)
 14. Maiden name Malinda Dilsades
 15. Birthplace Pa (City, town, or county) (State or foreign country)

16. (a) Informant James E Gill
 (b) Address Dallas Texas

17. (a) Burial (b) Date thereof April 16 1942 (Month) (Day) (Year)
 (c) Place: burial or cremation _____

18. (a) Signature of funeral director W. O. Gromer
 (b) Address Fallonburg Mo

19. (a) 4/16/42 (Date received local registrar) (b) Thomas M. Skelton (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Gentry
 (c) City or town McFall (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. _____ years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month April day 15 year 1942 hour 6:45 minute _____ A. M.
 21. I hereby certify that I attended the deceased from _____, 19____, to April 13, 1942 that I last saw her alive on April 13 1942, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Senility
 Due to Senility
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) 162 lb
 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) (e) Means of injury ✓
 23. Signature John S Waylock (M. D. or other) DO
 Address McFall Mo Date signed 4/16/42

Duration
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

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 *Isa L. Gomer*.....

Licensed Embalmer No. *3027*.....

P. O. Address *Pattonsburg 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.