

S. No. 2
M-9.4-41
Rev. 5-17-39
X 229-482

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

19159

State File No.

FILED JUN 25 1942

Registration District No. 1817 Primary Registration District No. 4492 Registrar's No.

1. PLACE OF DEATH:

(a) County Scott Commerce

(b) City or town Rural Commerce
(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 1
(Specify whether _____)

In this community Lifetime
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Scott

(c) City or town Rural Commerce Mo
(If outside city or town limits, write "RURAL")

(d) Street No. P.O.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Walter Moore Gaddard

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 25
year 1942 hour 8 minute P M.

21. I hereby certify that I attended the deceased from May 21 1942 to May 25 1942
that I last saw the alive on May 21 1942
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Lemona Gaddard

6. (c) Age of husband or wife if alive 28 years

7. Birth date of deceased: 1 (Month) 28 (Day) 1858 (Year)

Immediate cause of death Cerebral Hemorrhage

Due to _____

Due to Senility

Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years 86 Months 4 Days 27 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

Major findings: _____

Of operations None

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____

12. Name Gaddard

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

14. Maiden name Eliza Moore

15. Birthplace Scott County Mo
(City, town, or county) _____ (State or foreign country)

16. (a) Informant Henry L Gaddard

(b) Address Commerce Mo

17. (a) Burial (b) Date thereof 5 27 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wells Cemetery Mo

18. (a) Signature of funeral director Wm. J. ...

(b) Address Commerce Mo

19. (a) _____ (b) Mrs. Ida Hawkins
(Date received local registrar) (Registrar's signature)

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 W. J. ... (M. D. or other) _____
Address Commerce Mo Date signed 5-26-42

1034 (Licensed Embalmer's Statement on Reverse Side)

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

00
0
0

RECEIVED
District Health Office No. 2,
District File Number 642-746
Date Filed JUN 18 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.....

Licensed Embalmer No.....

P. O. Address.....

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.