

FILED JUN 3 1942  
Registration District No. 878

Primary Registration District No. 6203

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

1. PLACE OF DEATH:

(a) County Webster

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

(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community 6 months (Specify whether years, months or days)

3. (a) PRINT FULL NAME Gladis Fyfe

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 Single

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased October 25 1926  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>15</u>	<u>7</u>	<u>4</u>	hr. _____ min. _____

9. Birthplace Bachus 1 Minn.  
(City, town, or county) (State or foreign country)

10. Usual occupation at home

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

12. Name Gleason Fyfe

13. Birthplace Webster Co Iowa  
(City, town, or county) (State or foreign country)

14. Maiden name Estella Fyfe

15. Birthplace Webster Co Iowa  
(City, town, or county) (State or foreign country)

16. (a) Informant Estella Fyfe

(b) Address Seymour Mo.

17. (a) Burial (b) Date thereof 6-30-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cardwell Chapel, Monmouth, Webster

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address Seymour Mo.

19. (a) May 31-1942 (b) Lucie O. Bensch  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Webster

(c) City or town Rural East Benton  
(If outside city or town limits, write "RURAL")

(d) Street No. Seymour Mo. R.F.D. 4  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29  
year 1942 hour 10 minute A M.

21. I hereby certify that I attended the deceased from May 23-1942 to May 23-1942  
that I last saw him alive on May 25-1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis  
Duration 2 yrs

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 138'

Major findings: Of operations \_\_\_\_\_

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 J.P. Buee (M. D. or other) \_\_\_\_\_

Address Marshallfield Mo Date signed 6/30/42

1641

RECEIVED

District Health Officer No. 6,

District File Number 642-758

Date Filed JUN 2 1942

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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.....

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.**