S. No. 2
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. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 20 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

22407

State File No.

Registration District No. 821 Primary Registration District No. 4553 Registrar's No.

1. PLACE OF DEATH: (a) County Scott (b) City or town St. Kestor, Mo. (If outside city or town limits, write "RURAL" and name of township) (c) Name of hospital or institution: General Hospital (If not in hospital or institution, write street number or location) (d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED: (a) State Mo. (b) County New Madrid (c) City or town Marshouse, Mo. (If outside city or town limits, write "RURAL") (d) Street No. Rural 2 mi So. (If rural, give location) (e) Citizen of foreign country? I (Yes or No) If yes, name country

3. (a) PRINT FULL NAME Herbert Henry Gualt

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Cora Gualt

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased Oct. 24 1881 (Month) (Day) (Year)

8. AGE: Years 60 Months 7 Days 7 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

FATHER 12. Name Calvin Gualt 13. Birthplace Tenn. I (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name Sandlin Lake 15. Birthplace Tenn. I (City, town, or county) (State or foreign country)

16. (a) Informant Cora Gualt (b) Address Marshouse, Mo.

17. (a) Buried (Burial, cremation, or removal) (b) Date thereof June 2 - 42 (Month) (Day) (Year) (c) Place: burial or cremation Sikeston

18. (a) Signature of funeral director Ellis Funeral Home (b) Address Sikeston, Mo.

19. (a) 6-8-42 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1 year 1942 hour 7:15 minute P.M.

21. I hereby certify that I attended the deceased from 5-30 1942 to 6-1 1942 that I last saw him alive on 6-1 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: (a) Cerebral Hemorrhage	10 hrs
Due to: Acute Myocarditis	2 days
Due to: Acute Malaria	5 days
Due to: General Arteriosclerosis	1 yr

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations —

Of autopsy No

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) No (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 M. G. Anderson (M. D. or other) Address Sikeston Mo Date signed 6-7-42

1039

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 742-877
Date Filed JUL 13 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~~ June 18 [illegible], Registered Apprentice No. ....., working under my personal supervision.

Signed Arden Ellise

Licensed Embalmer No. 4218

P. O. Address Sikeston, 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.