

FILED AUG 19 1942

Registration District No. 635

Primary Registration District No. 3031

Registrar's No. 104

1. PLACE OF DEATH: Nodaway
 (a) County Nodaway
 (b) City or town Maryville, Missouri
 (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 50 Years
 years, months or days)

3. (a) PRINT FULL NAME Anna Florence Gile
 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 Married
 6. (b) Name of husband or wife Tom Gile
 6. (c) Age of husband or wife if alive 71 years
 7. Birth date of deceased Oct. 1, 1869
 (Month) (Day) (Year)

8. AGE: Years 72 Months 9 Days 12 If less than one day hr. - - min.

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

10. Usual occupation Housewife

11. Industry or business none

12. Name Samson Marion David

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

14. Maiden name Sarah Ellen DePriest

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

16. (a) Informant Ethel Gile

(b) Address Maryville, Mo.

17. (a) Burial (b) Date thereof 7-14-42
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maryville, Missouri

18. (a) Signature of funeral director Priest Funeral Home

(b) Address Maryville, Mo.

19. (a) July 14 1942 (b) Mary Gile
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Nodaway
 (c) City or town Maryville, Missouri
 (If outside city or town limits, write "RURAL")
 (d) Street No. 221 W. 4th.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13
 year 1942 hour 5:30 minute A M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Coronary Occlusion

Due to Chronic Myocarditis

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death) 93d

Major findings: _____

Of operations _____

Of autopsy Coronary Inquest

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 0

23. Signature W.P. Jackson (M. D. or other) _____

Address Maryville, Mo. Date signed 7-15-42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

74
1
2

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 *Clem M Price*

Licensed Embalmer No. *1822*

P. O. Address *Maryville, 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.