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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25537

FILED AUG 1 1942

Registration District No. 862 Primary Registration District No. 6135 Registrar's No. 75

1. PLACE OF DEATH:

(a) County Texas

(b) City or town Rural Burdine (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 30 years, months or days)

2. USUAL RESIDENCE OF DECEASED: 107

(a) State Mo. (b) County Texas

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

(d) Street No. North west of Cabool Mo (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Chesley Wood Gadberry

3. (b) If veteran, name war

3. (c) Social Security No. old age pension

4. Sex M D

5. Color or race W.

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

6. (b) Name of husband or wife Ida

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased July (Month) 16 (Day) 1855 (Year)

8. AGE: Years 86 Months 8 Days 14 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Andrew Gadberry
13. Birthplace (City, town, or county) Ky. (State or foreign country)

MOTHER
14. Maiden name Sally Jones
15. Birthplace (City, town, or county) unknown (State or foreign country)

16. (a) Informant Mrs Ida Gadberry

(b) Address R R Cabool Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 1 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Cabool Cemetery

18. (a) Signature of funeral director Gaylord V. Elliott

(b) Address Cabool Mo.

19. (a) April 3 1942 (Date received local registrar) (b) Mrs Lou Miller (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30 year 1942 hour 8:30 minute a. M.

21. I hereby certify that I attended the deceased from Mar. 27, 1942 to Mar. 30, 1942 that I last saw him alive on Mar. 30, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uremia	4 days
Due to Interstitial Nephritis Arteriosclerosis	
Due to	
Other conditions Chronic Myocarditis (Include pregnancy within 3 months of death)	
Major findings: Of operations 131a	
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 H. L. Grassle (M. D. or other) KO

Address Cabool, Mo Date signed 3/31/42

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5,
District File Number 742418.
Date Filed 7-27-42

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 Gaylord V. Elliott

Licensed Embalmer No. 2252

P. O. Address Carrol 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, above space should be left blank.