

FILED OCT 13 1942

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

31659

Do not use this space.

## 1. PLACE OF DEATH

(a) County North Registration District No. 374 <sup>113</sup>  
(b) Township Middlefork Primary Registration District No. 6274 <sup>0</sup>  
(c) City Worth or (d) Street No. 1 Registered No. 0  
(e) Length of residence in city or town where death occurred 80 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

## 2. PRINT FULL NAME

MARY ELIZABETH GLADSTONE  
(a) Residence, No. Worth, Mo. St.  (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 24, 1860  
7. AGE YEARS 81 MONTHS 11 DAYS 16 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
9. Industry or business in which work was done, as saw mill, bank, etc. Home  
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Sentry County (STATE OR COUNTRY) Missouri

13. NAME Simon Leavich

14. BIRTHPLACE (CITY OR TOWN) Virginia (STATE OR COUNTRY)

15. MAIDEN NAME Mary Dawson

16. BIRTHPLACE (CITY OR TOWN) Kentucky (STATE OR COUNTRY)

17. INFORMANT Mabel Schmalz (ADDRESS) Worth, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Knox Cemetry DATE Sept 12 1942

19. FUNERAL DIRECTOR (NAME) Edna Andrews (ADDRESS) Worth, Mo.

20. FILED Sept 24, 1942 Arlene Scadden Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 10 1942

22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1935, to Sept 10 1942  
I last saw her alive on July 1 1942. Death is said to have occurred on the date stated above, at 4:00 P.M.

The principal cause of death and related causes of importance were as follows:

Post operate of hernia  
strangulation  
122a

Other contributory causes of importance:  
operation for gallstone  
1.5 year ago

Name of operation..... Date of..... 1930

What test confirmed diagnosis? operation Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?..... Date of injury..... 19.....

Where did injury occur? (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury..... 5

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? None

If so, specify.....

(Signed) John Andrews, M. D.

(Address) Grant City, Mo.

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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. 2892,  
working under my personal supervision.

Signed Hayes Quinlan  
Licensed Embalmer No. ....  
P. O. Address Worth MD

**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.**