

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33154

State File No.

FILED NOV 9 1942

Registration District No. 32

Primary Registration District No. 5113

Registrar's No. 14

1. PLACE OF DEATH:

(a) County Ballinger
(b) City or town Union Twp
(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 (Specify whether)
In this community Lifetime years, months or days

3. (a) PRINT FULL NAME

Clara Jane Gammit
(b) If veteran, name war (c) Social Security No.

4. Sex F 1 5. Color or race W 6. (a) Single, widowed, married divorced
(b) Name of husband or wife H.A. Gammit 6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased July 31 1874 (Month) (Day) (Year)

8. AGE: Years 68 Months 2 Days 21 If less than one day hr. min.

9. Birthplace Ballinger Co. Mo (City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business

12. Name Marion Johnson

13. Birthplace Ballinger Co. Mo (City, town, or county) (State or foreign country)

14. Maiden name Caroline Kader

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

16. (a) Informant H.A. Gammit

(b) Address Patton Mo

17. (a) Burial (b) Date thereof Oct 24 1942 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Yount Mo

18. (a) Signature of funeral director Ed. H. Webb

(b) Address Fredricktown Mo

19. (a) Oct 22 1942 (b) Mrs. Geneva Graham (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Ballinger
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. man Patton (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 22 year 1942 hour 9 minute 2 A.M.

21. I hereby certify that I attended the deceased from 10/18/42 to 10/22/42 that I last saw her alive on 10/18/42 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Bronchitis & Arthritis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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

23. Signature Edw. Crites (M. D. or other)

Address Sedgewickville Mo Date signed 10/24/42

RECEIVED

District Health Officer No. 3

District File Number 1142-13X0

Date Filed 11-6-40

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. 4264

P. O. Address Fredericktown

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.