

FILED NOV 5 1942  
229

Primary Registration District No. 4343

Registrar's No. 13

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

1. PLACE OF DEATH:  
 (a) County Montgomery  
 (b) City or town New Florence Mo  
 (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 20 yrs  
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Montgomery  
 (c) City or town New Florence  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT NAME Martha Ann Gill  
 FULL NAME  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month 10 day 8  
 year 42 hour 1 minute 30 a.m.  
 21. I hereby certify that I attended the deceased from Oct 20  
 1942 to Oct 8 1942  
 that I last saw her alive on Oct 7 1942  
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
 6. (b) Name of husband or wife John Gill 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased 4/13/1856  
 (Month) (Day) (Year)

Immediate cause of death  
Bronchial pneumonia 8 days  
 Due to Chronic myocarditis 8  
 Due to fracture neck of femur 12 days  
 Other conditions L  
 (Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day  
86 6 25 hr. \_\_\_\_\_ min.

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

10. Usual occupation Home

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
 12. Name Louis Hall  
 13. Birthplace Tenn (City, town, or county) (State or foreign country)  
 14. Maiden name Wiser Blades  
 15. Birthplace Tenn (City, town, or county) (State or foreign country)

16. (a) Informant Mrs S L Palmer  
 (b) Address New Florence Mo  
 17. (a) Burial (b) Date thereof 10-9-42  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Readsville Cemetery Mo

18. (a) Signature of funeral director C. W. Hopkins  
 (b) Address Montgomery City Mo

19. (a) Oct. 9, 1942 (b) Mrs. Edna Zumpf  
 (Date received local registrar) (Registrar's signature)

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 James O. Helm (M. D. or other) \_\_\_\_\_  
 Address New Florence Mo Date signed 10-9-42

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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 on the  
day of Oct 1942  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed C. W. Hopkins  


Licensed Embalmer No. 1487

P. O. Address. Montgomery City 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.**

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 34367  
Registrar's No. 13

Registration District No. 229

Primary Registration District No. 4343

1. PLACE OF DEATH:

(a) County Montgomery  
(b) City or town New Florence  
(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 \_\_\_\_\_  
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Martha Ann Gelf  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex F 5. Color or race w 6. (a) Single, widowed, married, divorced w  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased April 13  
(Month) (Day) (Year)

8. AGE: Years 86 Months 6 Days 10 If less than one day \_\_\_\_\_ min.

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

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name \_\_\_\_\_

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

14. Maiden name \_\_\_\_\_

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

16. (a) Informant \_\_\_\_\_

(b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month \_\_\_\_\_ year 1942 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_; that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

(Immediate cause of death) Bronchial pneumonia Duration 3 days

Due to chronic myocarditis?

Due to fracture neck of femur 12 days

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

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) Sept 10th Accident

(b) Date of occurrence Sept 10, 1942

(c) Where did injury occur? New Florence Montg, Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Stopped on way

(Specify type of place) \_\_\_\_\_ (e) Means of injury fall

While at work? \_\_\_\_\_

23. Signature James W. Halpin (M. D. or other)

Address New Florence Mo. Date signed Sept 11 1942

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

SUPPLEMENTARY

MOTHER FATHER

1942  
S-34367