

S. No. 2
4-1441
v. 5-17-39
PI X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 21 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **35013**

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

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

1. PLACE OF DEATH:
 (a) County Shannon
 (b) City or town Rural, Eminence 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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Shannon
 (c) City or town Rural, Eminence Twp
(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 Mary Elizabeth Hicks
3. (b) If veteran, _____ **3. (c) Social Security** _____
 name war _____ No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept day 22
 year 1942 hour 2 minute _____ M.
21. I hereby certify that I attended the deceased from Sept 20
1942, to Sept 25, 1942
 that I last saw him alive on Sept 22 and that death occurred on the date and hour stated above. 1942

4. Sex 7 **5. Color or race** 1 A
6. (a) Single, widowed, married, 2
divorced Widow
6. (c) Age of husband or wife if _____
 alive _____ years
7. Birth date of deceased. July 19 1867
(Month) (Day) (Year)

Immediate cause of death Cancer of Stomach
 Due to _____
 Due to _____
 Other conditions 46 f
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
75 2 6 _____ hr. _____ min.

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

10. Usual occupation Prof

11. Industry or business
MOTHER FATHER
12. Name David Gatwood
13. Birthplace unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Anna Lytle
15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

PHYSICIAN
 Major findings:
 Of operations _____
 Of autopsy _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Oscar Hicks
(b) Address Amasa, Mo

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? _____

17. (a) Rural **(b) Date thereof** 9-26-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mission Chapel

While at work? _____
(Specify type of place) (e) Means of injury

18. (a) Signature of funeral director none
(b) Address _____

19. (a) 9-26-42 **(b)** Frank Hyde MD
(Date received local registrar) (Registrar's signature)

23. Signature Frank Hyde (M. D. or other) _____
Address Eminence **Date signed** 9-26-42

744 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5,
District File Number 10342905
Date Filed 10-19-42

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.....

Licensed Embalmer No.....

P. O. Address.....

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.