

3. No. 2
1-5-42
5-17-39
1 X32875

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11123**

Registration District No. **278**

Primary Registration District No. **3054**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Pike County

(b) City or town Louisiana
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
307 Maryland St. 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 Seven months
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike

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

(d) Street No. 307 Maryland
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Susie Gill

3. (b) If veteran, name war 6

3. (c) Social Security No. 6

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19
year 1943 hour 9:00 minute _____ A.M.

21. I hereby certify that I attended the deceased from Mar 16 to Mar 19 1943
that I last saw her alive on Mar 19 1943
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race Caucasian

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

6. (b) Name of husband or wife Henry Gill

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

7. Birth date of deceased: March 2 1891
(Month) (Day) (Year)

Immediate cause of death Heart failure

Due to Septic ulcer

Due to _____

Other conditions 1170
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day

52 0 17 hr. _____ min.

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

10. Usual occupation House Wife

11. Industry or business At Home

12. Name Alex Wheeler

13. Birthplace Pike Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Lara Samaran

15. Birthplace Pike Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mittie Holmes

(b) Address Louisiana Mo.

17. (a) Burial (b) Date thereof March 23, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation River View Cemetery

18. (a) Signature of funeral director Clarence J. Stone

(b) Address Louisiana Mo.

19. (a) Mar 20/43 (b) J. H. Kelly Depty
(Date received local registrar) (Registrar's Signature)

Major findings: Of operations _____

Of autopsy 2

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature J. M. Pearson (M. D. or other)

Address Louisiana Mo. Date signed 3/20/43

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

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.

RECEIVED

District Health Officer No. 10

District File Number 4-43724

Date Filed APR 13 1943

Signed J. B. Stone

Licensed Embalmer No. 4039

P. O. Address Louisiana, 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.