V. S. No. 2
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Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15131

FILED MAY 10 1943

Registration District No. [illegible]

Primary Registration District No. 5969

Registrar's No. 14

1. PLACE OF DEATH

(a) County Polk

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

(c) Name of hospital or institution: / none (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) none

2. USUAL RESIDENCE OF DECEASED: 84

(a) State Missouri (b) County Polk 0

(c) City or town Dunnegan 0 (If outside city or town limits, write "RURAL")

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

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

If yes, name country 0

3. (a) PRINT FULL NAME Florence Adella Gamble

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced widowed 2

6. (b) Name of husband or wife deceased

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

7. Birth date of deceased Jan (Month) 1 (Day) 1862 (Year)

8. AGE: Years 81 | Months 3 | Days | If less than one day ..... hr. ..... min.

9. Birthplace Unknown (City, town, or county) Ohio / (State or foreign country)

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name Thomas Lushbaugh
13. Birthplace Unknown (City, town, or county) Ohio / (State or foreign country)

MOTHER
14. Maiden name ( ) Cook
15. Birthplace Unknown (City, town, or county) Ohio / (State or foreign country)

16. (a) Informant Jess Gamble

(b) Address Dunnegan

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr (Month) 4 (Day) 1943 (Year)

(c) Place: burial or cremation Barren Creek Cemetery

18. (a) Signature of funeral director Oliver Gerter of Hutcheson & Co

(b) Address Bolivar Mo

19. (a) Apr 19 1943 (Date received local registrar) (b) Alice Palen (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month April day 1 year 1943 hour 8 minute 30 p. M.

21. I hereby certify that I attended the deceased from Jan 10, 1943, to Mch 25, 1943; that I last saw her alive on Mch 25, 1943; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Mitral Stenosis	Bro Moore
Due to Mitral Stenosis	
Due to Hardening of arteries	Unknown
Other conditions Uremia Bronchitis (Include pregnancy within 3 months of death)	One Mo

Major findings:
Of operations none
Of autopsy no

92b

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) no

(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 A. J. Stuffelbaum (M. D. ~~or other~~)

Address Hunnewell Mo Date signed 4-18-43

1294

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 4-43-138
Date Filed 5-4-43

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 Oby Jester

Licensed Embalmer No. 4154

P. O. Address Bolivar 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.