

S. No. 2
OM-5-42
5-17-39
X3297

17795

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

ED JUN 11 1943

Registration District No. 114

Primary Registration District No. 4186

Registrar's No. 17

1. PLACE OF DEATH:

(a) County Franklin

(b) City or town Sullivan, Mo.
(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 Five Weeks (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin

(c) City or town Sullivan, Mo.
(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:

3. (a) PRINT FULL NAME Margaret Mc Gee

3. (b) If veteran, name war:

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21
year 1943 hour 8:00 minute A.M.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife:

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

7. Birth date of deceased: Oct. 30th. 1872
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from:

that I last saw h. alive on:

and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	70	6	21 hr. min.

Immediate cause of death: Cerebral Apoplexy

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

Due to:

10. Usual occupation: At Home

Due to:

11. Industry or business:

Other conditions: 30
(Include pregnancy within 3 months of death)

12. Name: William S. Reeder

Major findings: 30
Of operations:

13. Birthplace: Virginia
(City, town, or county) (State or foreign country)

Of autopsy:

14. Maiden name: Margaret Garvin

15. Birthplace: Ky.
(City, town, or county) (State or foreign country)

16. (a) Informant: John S. Reeder

(b) Address: 5468 Vernon Ave. St. Louis

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5-23-1943
(Month) (Day) (Year)

(c) Place: burial or cremation: Sullivan, Mo.

18. (a) Signature of funeral director: Gilbert Gilhaus

(b) Address: Sullivan, Mo.

19. (a) 5/22/43 (Date received local registrar) (b) Gilbert Gilhaus (Registrar's signature)

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?

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

23. Signature: Gerald M. ... (Specify type of place) (e) Means of injury: Coroner

Address: Gerald, Missouri Date signed: 5-21-43

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

36
4
0

36
4
0

1121

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.....

J. Williams

Licensed Embalmer No. 427

P. O. Address..... Sullivan, 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.