

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FILED JUN 11 1943

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MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

19302

Do not use this space.

1. PLACE OF DEATH
(a) County Jasper Registration District No. 853 568
(b) Township Sherrill Primary Registration District No. 6149 1141 Registered No. 12 107
(c) City _____ (d) Street No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME HELENA ELIZABETH GALE
(a) Residence, No. 1 St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State) 1

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mr. M. Gale
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 25 1855
7. AGE YEARS 88 MONTHS 0 DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year) Apr 1913 11. Total time (years) spent in this occupation 57
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jasper Co. Mo.
13. NAME Thompson, Mary K
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) David, Ind.
15. MAIDEN NAME Morgan
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Waddy, Mo.
17. INFORMANT (ADDRESS) Gale, Helen
18. BURIAL, CREMATION OR REMOVAL PLACE St. Joseph Cem. DATE May 11 1943
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Wickham & Hartman
20. FILED 5/11 1943 Maggie Wilson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 10 1943
22. I HEREBY CERTIFY, That I attended deceased from May 6 1943 to May 10 1943
I last saw her alive on May 6 1943 Death is said to have occurred on the date stated above, at 10:30 a.m.
The principal cause of death and related causes of importance were as follows:
acute nephritis Date of onset _____
Other contributory causes of importance: 130
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury _____
Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____
(Signed) W. J. Field M. D.
(Address) St. Joseph, Mo.

RECEIVED

District Health Officer No. 5,

District File Number 643351

Date Filed 6.7.48

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, above space should be left blank.