

FILED JUN 24 1943 383

Registration District No. _____

Primary Registration District No. 56-55

Registrar's No. 3037 SK

1. PLACE OF DEATH:

(a) County Lawrence
 (b) City or town Mount Vernon
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Missouri State Sanatorium
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1552 days
(Specify whether
 In this community 1552 days
years, months or days)

2. US RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid
 (c) City or town Portageville
(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

Thelma Gves

3. (b) If veteran, name war _____

3. (c) Social Security No. none

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Oct. 19 1922
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>20</u>	<u>7</u>	<u>4</u>	hr. _____ min.

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

10. Usual occupation at home

11. Industry or business Farm

12. Name Arthur Gves

13. Birthplace Gale Ill.
(City, town, or county) (State or foreign country)

14. Maiden name Maudie Baker

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

16. (a) Informant Mt. Vernon Record Club

(b) Address Mt. Vernon Mt. Vernon

17. (a) Removal (b) Date thereof May 24 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Malden, Mo

18. (a) Signature of funeral director Geo. B Orr

(b) Address Mt. Vernon Mo

19. (a) F-25-43 (b) Luddy Campbell
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23
 year 1943 hour 10 minute 45 P.M.

21. I hereby certify that I attended the deceased from February 20, 1939, to May 23, 1943
 that I last saw her alive on May 23, 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis
 Duration over 5 yrs

Due to _____

Due to _____

Other conditions 13 fl
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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?
(Specify type of place) (e) Means of injury

23. Signature Esther E Coffman (M. D. or other)

Address Mo Sanatorium Date signed 5-23-43

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

0050

1388

(Licensed Embalmer's Statement on Reverse Side) Mt Vernon Mo.

RECEIVED

District Health Officer No. 6;

District File Number 643-712

Date Filed JUN 22 1943

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.....

Geo. B. Orr

Licensed Embalmer No. 946

P. O. Address Mr. Vernon 72

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.