

FILED AUG 12 1943
Registration District No. 120

Primary Registration District No. 4197

Registrar's No. 64

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

1. PLACE OF DEATH:

(a) County Gentry
(b) City or town Stanherry
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ✓
In this community life time (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Gentry
(c) City or town Stanherry
(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 Miss Clara Belle Gump

3. (b) If veteran, name war ✓ 3. (c) Social Security No. NO

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband John Gump 6. (c) Age of husband 60 years

7. Birth date of deceased DEC 29 1883
(Month) (Day) (Year)

8. AGE: Years 59 Months 6 Days 0 If less than one day hr. _____ min. _____

9. Birthplace Stanherry MO
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business at home

12. Name W.M. L. Hostes

13. Birthplace Stanherry MO
(City, town, or county) (State or foreign country)

14. Maiden name Mary Belle Smith

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

16. (a) Informant W. O. Gump

(b) Address Stanherry MO

17. (a) Burial (b) Date hereof 7-3-1943
(Burial, cremation, or other) (Month) (Day) (Year)

(c) Place: burial or cremation Stanherry MO

18. (a) Signature of funeral director John H. Pyle

(b) Address Stanherry MO

19. (a) 4/2/43 (b) James M. Miller
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 29
year 1943 hour 9 minute 30 A.M.

21. I hereby certify that I attended the deceased from July 18-1942
1 1942 to November 6 1942
that I last saw her dying June 29 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris

Due to Enlarged liver
which produced indigestion

Due to pan on stomach
crowding the heart for
the last times

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

Major findings: Of operations 94
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?
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature P. B. Beets (Seal or other)
Address Stanherry MO Date signed 7-1-43

Duration 6 months
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

Leroy F. Phillips

Licensed Embalmer No.

1898

P. O. Address

STANBERRY 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.