

S. No. 2  
1-1441  
5-17-39  
PI X28396

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

31536

LED SEP 25 1943

Registration District No. 120

Primary Registration District No. 20005465

State File No. \_\_\_\_\_

Registrar's No. 746

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

39  
00

1. PLACE OF DEATH:

(a) County GREEN  
RURAL

(b) City or town Rural Springfield N. Campbell Exp  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Home Hospital Rt 1  
(If not in hospital or institution, give street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_ years, months or days.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Green

(c) City or town Rural Springfield N. Campbell Exp  
(If outside city or town limits, write "RURAL")

(d) Street No. Route # 1  
(If rural, give location)

(e) Citizen of foreign country? - (Yes or No) \_\_\_\_\_  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MERLE GENE GADDY

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 9  
year 1943 hour 1 minute 15 P.M.

3. (b) If veteran, name war None

3. (c) Social Security No. None

21. I hereby certify that I attended the deceased from 9-9 1943 to 9-9 1943  
that I last saw him alive on 9-9 1943  
and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race WHITE

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

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

7. Birth date of deceased: Sept 9 43  
(Month) (Day) (Year)

Immediate cause of death Prematurity

Due to 5 1/2 Mo Gestation

8. AGE: Years 0 Months 0 Days 0 If less than one day 10 hr. 15 min.

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 159

9. Birthplace Springfield Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

MOTHER FATHER

11. Industry or business \_\_\_\_\_

12. Name Willis Huston Gaddy

13. Birthplace Park 60 Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Jean May

15. Birthplace Park 60 Mo  
(City, town, or county) (State or foreign country)

PHYSICIAN

Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_

Of autopsy: \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Willis Huston Gaddy  
(b) Address Springfield Mo Rt 1

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)

17. (a) Burial (b) Date thereof 9-10-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Family Park

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 \_\_\_\_\_

18. (a) Signature of funeral director Wm Longmire  
(b) Address Springfield Mo

19. (a) 9-9-43 (b) W. H. Audley  
(Date received local registrar) (Registrar's signature)

23. Signature Max Peter (M. D. or other) M.D.  
Address Springfield Mo Date signed 9-9-43

**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.....

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, fact should be so stated above.**