

44084

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JAN 6 1944

Registration District No. 360

Primary Registration District No. 3076

Registrar's No. 124

1. PLACE OF DEATH:

(a) County VERNON
(b) City or town NEVADA
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution NEVADA CITY HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 DAYS
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County BATES
(c) City or town RICH HILL MO.
(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 Lucy Roll

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

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

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

7. Birth date of deceased JUNE 29 - 1874
(Month) (Day) (Year)

8. AGE: Years 69 Months 5 Days 19 If less than one day _____ hr. _____ min.

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

10. Usual occupation HOUSEWIFE

11. Industry or business _____

12. Name MATTHEW GATTNEY

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

14. Maiden name NOT KNOWN

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

16. (a) Informant Donald Roll

(b) Address Rich Hill Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-20-43
(Month) (Day) (Year)

(c) Place: burial or cremation CATHOLIC CEM

18. (a) Signature of funeral director RICH HILL MO

(b) Address Booths - Rich Hill Mo.

19. (a) 12-22-43 (Date received local registrar) (b) Agel B. Bewick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 18
year 1943 hour 8 minute 15 A.M.

21. I hereby certify that I attended the deceased from DECEMBER 16 1943 to DEC 18 1943
that I last saw her alive on DEC 18 1943
and that death occurred on the date and hour stated above.

Immediate cause of death MYOCARDIAL FAILURE Duration 4 days

Due to CHRONIC CARDIOVASCULAR DISEASE & HYPERTENSION 10 yrs

Due to _____

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

Major findings: Of operations NONE Of autopsy NONE

PHYSICIAN

Underline the cause to which death should be charged statistically.

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) (c) Means of injury _____

23. Signature Wm. Hallinan (M. or other) _____
Address Nevada, Mo Date signed 12/19/43

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

Case No. 7,
12-43-1424
1-5-44

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 John S. Underwood
Licensed Embalmer No. 3585
P. O. Address Butler 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.