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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 11 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15122

State File No.

Registration District No. 183

Primary Registration District No. 5684

Registrar's No. 12

1. PLACE OF DEATH:

(a) County Linn

(b) City or town Meadville Clay twp
(If outside city or town limits, write "RURAL" and name of township)

(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 1
(Specify whether years, months or days)

In this community all life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn ⁵⁸

(c) City or town Meadville Rural ⁰
(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 1

3. (a) PRINT FULL NAME Mary Josephine Gish

3. (b) If veteran, name war 1

3. (c) Social Security No. 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 3
year 1944 hour 5 minute 45 P.M.

21. I hereby certify that I attended the deceased from APRIL 5 1944, to APRIL 5 1944;
that I last saw her alive on APRIL 5 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death CORONARY THROMBOSIS

Duration

4. Sex female 5. Color or race white

6. (a) Single, widowed, married, divorced 3 divorced

6. (b) Name of husband or wife Walter Gish

6. (c) Age of husband or wife if alive 3 years

7. Birth date of deceased October 29 1896
(Month) (Day) (Year)

Due to.....

Due to..... gpa

8. AGE: Years Months Days If less than one day

67 5 5 hr. min.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy.....

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

10. Usual occupation House Keeper

11. Industry or business.....

12. Name George White Calvin

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

14. Maiden name Baronia Hunt

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

16. (a) Informant Mrs. Florence Jones

(b) Address Linneus Mo

17. (a) Burial (b) Date thereof Apr - 5 - '44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wheeling cemetery

18. (a) Signature of funeral director Smiley Funeral Home

(b) Address Wheeling Mo

19. (a) Apr 5 1944 (b) Mrs. C. C. Woolf
(Date received local registrar) (Registrar's signature)

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 2

23. Signature S. H. Hanson (M. D. or other) D.O.

Address Meadville Mo Date signed 4-5-44

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

MOTHER FATHER

1334

(Licensed Embalmer's Statement on Reverse Side)

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 Self

....., Registered Apprentice No.
working under my personal supervision.

Signed.....

Frank L Smiley

Licensed Embalmer No. 490

P. O. Address Wheeling, Md.

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.