S. No. 2
M—5-43
v. 5-17-39
X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 13 1944

# THE STATE BOARD OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

21737

State File No.

Registration District No. 157 | Primary Registration District No. 3028 | Registrar's No. 148

**1. PLACE OF DEATH:**

(a) County: Jasper
(b) City or town: Carthage
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: McCune-Brooks Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ½ minute (Specify whether years, months or days)
In this community - - -

**2. USUAL RESIDENCE OF DECEASED:**

(a) State: Missouri (b) County: Jasper 49
(c) City or town: Carthage 1 3
(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 - - - 0

3. (a) PRINT FULL NAME: Gwendolyn Kay Cheuvront

3. (b) If veteran, name war: No

3. (c) Social Security No.: None

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Single 0

6. (b) Name of husband or wife: - - -

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

7. Birth date of deceased: June (Month) 20 (Day) 1944 (Year)

8. AGE: Years 0 | Months 0 | Days 0 | If less than one day: 0 hr. ½ min.

9. Birthplace: Carthage (City, town, or county) 0 Missouri (State or foreign country)

10. Usual occupation: None

11. Industry or business: None

FATHER
12. Name: Martin E. Cheuvront
13. Birthplace: Lincoln (City, town, or county) | Nebraska (State or foreign country)

MOTHER
14. Maiden name: Bertha Leona Duis
15. Birthplace: Gothenburg (City, town, or county) | Nebraska (State or foreign country)

16. (a) Informant: Martin E. Cheuvront
(b) Address: 1647 S. Maple, Carthage, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: June 22, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation: Omaha, Nebraska

18. (a) Signature of funeral director: Knell Mortuary
(b) Address: Carthage, Missouri

19. (a) June 22 '44 (Date received local registrar) (b) E. Elizabeth Coughlin (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month June day 20 year 1944 hour 4 minute 27 P. M.

21. I hereby certify that I attended the deceased from June 20, 1944, to June 20, 1944, that I last saw her alive on June 20, 1944, and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Anomalies | |
| Due to: Premature Birth (6 mos.) | |
| Due to: | |
| 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.

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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)
While at work? (e) Means of injury:

23. Signature: H. E. Byrd (M. D. or other) M. D.
Address: Carthage, Mo. Date signed 6/21/44

1203

(Licensed Embalmer's Statement on Reverse Side)

44-6-530

## 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 Emma L. Steel

Licensed Embalmer No. 391

P. O. Address Carthage

**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.**