

25-1-1944
22374

DEPARTMENT OF COMMERCE

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUN 19 1944

Registration District No. 3/6

Primary Registration District No. 3060607

Registrar's No. _____

1. PLACE OF DEATH:

(a) County St. Francois
(b) City or town Farmington RURAL St. Francois
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Mo. State Hospital No. 4
(If not in hospital or institution, write street number or location) 2
(d) Length of stay: In hospital or institution 5 days.
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scott 94
(c) City or town Illmo 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 1)

3. (a) PRINT FULL NAME LETISIA GULLEY

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

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

6. (b) Name of husband or wife Tony Gulley 6. (c) Age of husband or wife if alive. Age Unk years

7. Birth date of deceased January 14, 1888
(Month) (Day) (Year)

8. AGE: Years 56 Months 3 Days 22 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Unknown

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

14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Records State Hospital No. 4

(b) Address Farmington, Missouri

17. (a) Burial (b) Date thereof May 9, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lidner Cem., Illmo, Mo.

18. (a) Signature of funeral director Bisplinghoff Funeral

(b) Address Chaffee, Missouri

19. (a) 5-23-44 (b) James Polina
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6,
year 1944 hour 7 minute 20 A. M.

21. I hereby certify that I attended the deceased from May 1, 1944, 19____, to May 6, 1944 19____;
that I last saw her alive on May 6, 1944 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis & myocardial infarct

Due to _____

Due to _____

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

Major findings: _____
Of operations _____

Of autopsy No autopsy.

Duration

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? _____

Home _____ (Specify type of place)
While at work? _____ (e) Means of injury _____

23. Signature James Polina (M. D. or other) MD

Address 408 1/2 East Date signed 5-12-44

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

0040

1373

(Licensed Embalmer's Statement on Reverse Side) Farmington, Mo.

RECEIVED

District Health Officer No. 4
District File Number 644-39
Date Filed 6-17-44

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 Bert J. Miller

Licensed Embalmer No. 3752

P. O. Address Farmington, 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.