

FILED OCT 6 1944
Registration District No. **12**

Primary Registration District No. **3008**

1. PLACE OF DEATH:

(a) County Callaway

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

(c) Name of hospital or institution: State Hospital No. 1 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 m 20 d (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Crocker

(c) City or town Bonville 14
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME James William Gault

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

4. Sex Male 5. Color of race White

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

6. (b) Name of husband or wife Emma Saver Gault

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased Oct 2 1873
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sep day 19 year 1944 hour 15 minute 0 M.

21. I hereby certify that I attended the deceased from 9/25/44, 1944, to 9/19/44, 1944
that I last saw him alive on 9/18/44, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Myocarditis

Due to Intermyocarditis

Due to _____

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

Major findings: Of operations 9/25/44

Of autopsy _____

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

7 11 17 hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name James Gault 4

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

14. Maiden name Lucy Oak

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

16. (a) Informant Record

(b) Address _____

17. (a) Removal (b) Date thereof 9-19-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Walnut Grove Cemetery

18. (a) Signature of funeral director Gordon & Ball

(b) Address Bonville, Mo.

19. (a) 9-19-1944 (b) Josie Morawickoff
(Date received local registry) (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 _____

23. Signature George A. [unclear] (M. D. or other) [unclear]

Address Hulton, Mo. Date signed 9/19/44

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

14
1
2

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 10-5-44

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 J. H. Goodman

Licensed Embalmer No. 1178

P. O. Address Boonville 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.