S. No. 2
M—5-42
. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 1? 1944

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

34865

State File No.

Registration District No. 239

Primary Registration District No. 5825

Registrar's No. 4356

**1. PLACE OF DEATH:**

(a) County New Madrid

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

(c) Name of hospital or institution: ✓
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ✓ 1 (Specify whether
In this community Two Mos
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo (b) County New Madrid

(c) City or town Rural 72
(If outside city or town limits, write "RURAL")

(d) Street No. ✓ 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country ✓ 0

**3. (a) PRINT FULL NAME** Joyce Marie Gee

3. (b) If veteran, ✓ name war ✓

3. (c) Social Security No. ✓

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced S 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) 9 (Day) 1944 (Year)

**8. AGE:**

| Years | Months | Days | If less than one day |
|---|---|---|---|
| No | 2 | 12 | hr. min. |

9. Birthplace Poplar Bluff (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation ✓

11. Industry or business ✓

FATHER
12. Name Aubrey Gee
13. Birthplace Bolivar (City, town, or county) Tenn (State or foreign country)

MOTHER
14. Maiden name Alcie Taylor
15. Birthplace Memphis (City, town, or county) Tenn (State or foreign country)

16. (a) Informant Aubry Gee
(b) Address Risco Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 22 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Parma Cemetery

18. (a) Signature of funeral director T. C. Knight
(b) Address Parma Mo

19. (a) Oct 4/44 (Date received local registrar) (b) Mrs S B Rademaker (Registrar's signature)

**MEDICAL CERTIFICATION**

20. **DATE OF DEATH:** Month Aug 21 day 1944
year hour 7 minute P M.

21. I hereby certify that I attended the deceased from 8/17/44, 19 to 8/19/44, 1944
that I last saw her alive on 8/19/44, 19
and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Acute Gastro-Ileocolitis | 1 mo |
| Marasmus | 1 mo |
| Due to Anhydremia | 1 mo |
| Premature Birth 8 mo | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations
Of autopsy

119a

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

23. Signature John D Vandeleve (M. D. or other)
Address Malden Mo Date signed 8/24/44

1028

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 1144-120
Date Filed 10-11-44

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was not embalmed by me, or by .....
....., Registered Apprentice No. .....,
working under my personal supervision.

Signed Thomas C Knight

Licensed Embalmer No. 2109

P. O. Address Parma 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.**