No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 6 1945

Registration District No. 11

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 9466

Primary Registration District No. 3016

Registrar's No. 64

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

1. PLACE OF DEATH:
(a) County Cole
(b) City or town Jefferson City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
108 Lafayette St. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 20yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cole 26
(c) City or town Jefferson City 5
(If outside city or town limits, write "RURAL") 4
(d) Street No. 108 Lafayette
(If rural, give location)
(e) Citizen of foreign country? O (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME L.D. Gay
3. (b) If veteran, name war No
3. (c) Social Security No. 495-12-2723A
4. Sex Male O
5. Color or race white
6. (a) Single, widowed, married, divorced Widowed 9
6. (b) Name of husband or wife Lilly
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased Nov. 25, 1878 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
66	4	1	hr. min.

9. Birthplace Gardner Mass (City, town, or county) 1 (State or foreign country)
10. Usual occupation Fibercraft foreman
11. Industry or business
FATHER
12. Name unk
13. Birthplace unk (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name unk
15. Birthplace unk (City, town, or county) 9 (State or foreign country)
16. (a) Informant Mrs Mary Stome
(b) Address Jefferson City, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/28/45 (Month) (Day) (Year)
(c) Place: burial or cremation Riverview Cem.
18. (a) Signature of funeral director Victor Buescher
(b) Address Jefferson City, Mo.
19. (a) 3-27-45 (Date received local registrar) (b) Norma Richter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 25 year 1945 hour minute P M.
21. I hereby certify that I attended the deceased from Viewed The Body, 19, to , 19; that I last saw h alive on Dead When seen 19; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
Due to History of heart ailment
Due to This man died sometime between 6.30 PM 3-25-45 and 3 PM 3-26-45
Other conditions (Include pregnancy within 3 months of death) was found dead
Major findings: Of operations Died at 3 PM 3-26-45 by Carney Stone
Of autopsy his brother in Law.

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?
(Specify type of place)
While at work? (e) Means of injury
23. Signature J.T. Leslie 2 Coronor (M. D. or other)
Address Jeff City Mo Date signed 3-27-45

894

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,

District File Number.....

Date Filed 4-5-45

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 Victor Buescher

Licensed Embalmer No. 3701

P. O. Address Jefferson City, 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.