S. No. 2
M—8-43
5-17-39
P.I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 11 1945

Registration District No. 175

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17315

Primary Registration District No. 4275

Registrar's No. 53

1. PLACE OF DEATH:

(a) County Lawrence Co.

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

(c) Name of hospital or institution: 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 Life-time
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence 55

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

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

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Sarah E. Gamble

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced 2 Widowed

6. (b) Name of husband or wife W. L. Gamble

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

7. Birth date of deceased Jan. 11 (Month) 1864 (Day) (Year)

8. AGE: Years 83 Months 4 Days 12 If less than one day hr. min.

9. Birthplace Greene Co. (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation House-wife

11. Industry or business

FATHER
12. Name George Brittain
13. Birthplace (City, town, or county) Ky (State or foreign country) 1

MOTHER
14. Maiden name Betty Baley
15. Birthplace (City, town, or county) Ky. (State or foreign country) 1

16. (a) Informant Clyde Gamble
(b) Address Marionville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-25-45 (Month) (Day) (Year)
(c) Place: burial or cremation Marionville, Mo.

18. (a) Signature of funeral director J. H. Bradford
(b) Address Marionville, Mo.

19. (a) 5-25-45 (Date received local registrar) (b) Eunice Greene by (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23
year 1945 hour 6 minute 10 P. M.

21. I hereby certify that I attended the deceased from May 13, 1945 to May 23, 1945
that I last saw her alive on May 23, 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Appoplexy	10 days
Due to Arteriosclerosis	?
Due to Senility	
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.

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 2

23. Signature Wayne M. Weaver (M. D. or other) D.O.
Address Marionville, Mo Date signed 5/24/45

1156

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number 645-635
Date Filed JUN 7 1945

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 Herman Surridge

Licensed Embalmer No. 3072

P. O. Address Aurora 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.