

FILED OCT 17 1945 STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 18

Registration District No. 6 Primary Registration District No. 5031

1. PLACE OF DEATH:
(a) County Andrew
(b) City or town Rural - Cuivre Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: HARRISON-WALKER REG. CO. GROUNDS
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 3 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME LLOYD GISH
3. (b) If veteran, name war World War I
3. (c) Social Security No. 491-05-7009

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced, married
6. (b) Name of husband or wife Leva May Gish
6. (c) Age of husband or wife if alive 34 years
7. Birth date of deceased November 3 1899
(Month) (Day) (Year)

8. AGE: Years 45 Months 11 Days 5
If less than one day hr. min.

9. Birthplace Jacksonville Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation mother

11. Industry or business Harrison-Walker Reg. Co

12. Name Newton Gish

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

14. Maiden name Katherine Henderson

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

16. (a) Informant Mrs. Lloyd Gish
(b) Address Vandalia, Mo

17. (a) Burial (b) Date thereof Oct 10 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Vandalia Cemetery

18. (a) Signature of funeral director W. S. Waters
(b) Address Vandalia, Mo
19. (a) Oct 9 1945 (b) Mallie Fugua
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Ralls 87
(c) City or town JASPER TWP "RURAL"
(If outside city or town limits, write "RURAL")
(d) Street No. 3 MILES N. E. of VANDALIA MO
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct day 8th
year 1945 hour 12 minute 25 P. M.

21. I hereby certify that I attended the deceased from October 19 to October 19, 1945
that I last saw alive on Oct 19 and that death occurred on the date and hour stated above.

Immediate cause of death: Not known Duration _____
Supposed to have been
about attack probably
due to Gardia's died suddenly
which having no other medical
due to by a physician.

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

Major findings: None PHYSICIAN _____
Of operations None
Of autopsy None
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? _____

While at work? _____ (Specify type of place)
(b) Means of injury _____
23. Signature S. C. Adams (M.D. or other) _____
Address Mexico, Mo Date signed 10-8-45

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

OCT 21 1945

RECEIVED

District Health Officer No. 10

District File Number 10-45-1530

Date Filed OCT 16 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 M. S. Waters

Licensed Embalmer No. 24298

P. O. Address Dandelia 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.