

FILED FEB 11 1946

Registration District No. **324**

Primary Registration District No. **3072**

Registrar's No. **8**

1. PLACE OF DEATH:

(a) County Saline
(b) City or town Marshall
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 731 N Odell
(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
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Saline
(c) City or town Marshall
(If outside city or town limits, write "RURAL")
(d) Street No. 731 N Odell
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME WANDA JOAN GADDY

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

4. Sex Fe 5. Color or race W 6. (a) Single, widowed, married, divorced single

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

7. Birth date of decedent June 10 - 1940
(Month) (Day) (Year)

8. AGE: Year 0 Months 6 Days 23
If less than one day hr. _____ min. _____

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

10. Usual occupation _____

11. Industry or business _____

12. Name Joseph Harry Gaddy

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

14. Maiden name Minnie Irene George

15. Birthplace Saline Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Ernest Skell
(b) Address Marshall Mo

17. (a) Burial (b) Date thereof 1-6-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bellevue Cem. Saline Co Mo

18. (a) Signature of funeral director Harry Hershberger
(b) Address Marshall Mo

19. (a) 1-6-46 (b) Mrs. J. Webster
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 3
year 1946 hour _____ minute 15 P. M.

21. I hereby certify that I attended the deceased from Jan 3
1946 to Jan 3 1946
that I last saw him alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia
Due to _____
Due to _____

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

Major findings: Of operations 108
Of autopsy _____

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)
(c) Means of injury _____
23. Signature [Signature] (M. D. or other) _____
Address [Signature] Date signed 1/6/46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

3329

294

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 2-8-46

Handwritten scribbles and illegible text.

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 Harry Hershberger

Licensed Embalmer No. 4357

P. O. Address Marshall MS

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.