

FILED MAR 29 1946 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 383

Primary Registration District No. 5655

Registrar's No. 24

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Mt. Vernon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri State Sanatorium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 155 days
(Specify whether years, months or days) 155 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas 34
(c) City or town Seymour, Mo
(If outside city or town limits, write "RURAL")
(d) Street No. Route 4
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary Isabell Gifford

3. (b) If veteran, name war _____ 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed

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

7. Birth date of deceased. Jan 25 1899
(Month) (Day) (Year)

8. AGE: Years 47 Months 0 Days 13 If less than one day _____ hr. _____ min.

9. Birthplace Monticello Utah
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name James Keele
13. Birthplace Unknown Utah
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Bulard
15. Birthplace Unknown Utah
(City, town, or county) (State or foreign country)

16. (a) Informant E. McMichael, Record Clerk
(b) Address Mo. State San. Mt. Vernon, Mo.

17. (a) _____ (b) Date thereof 2-17-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Seymour

18. (a) Signature of funeral director B. B. Kelley
(b) Address _____

19. (a) 2-7-46 (b) D. H. Phillips
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 7th year 1946 hour 5:00 minute A M.

21. I hereby certify that I attended the deceased from Sept. 5 1945 to Feb. 7th 1946
that I last saw her alive on Feb 7th 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis Duration abt. 9 months.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 13 1/2

Major findings:

Of operations _____
Of autopsy Fap adv Pul the She enteritis

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? _____

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

23. Signature P. A. Crusher M.D. (M. D. or other) _____
Address Mount Vernon, Mo. Date signed 2-7-46

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

RECEIVED

Health Officer No. 6,

District File Number 246-254

Date Filed MAR 25 1946

JUN 6 1946

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 H. H. Kelley
Licensed Embalmer No. 3334
P. O. Address Raymond Ave

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.