

S. No. 2
M-8-43
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17400
Registrar's No. 207

Registration District No. 208

Primary Registration District No. 5760

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

1. PLACE OF DEATH:
(a) County Marion
(b) City or town Rural
(c) Name of hospital or institution: Fabius Township
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Life time
In this community Life time
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Marion
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Fabius Township
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Samuel Harold Gash
(b) If veteran, name war No
(c) Social Security No. No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 23
year 1946 hour 9 minute 0 P. M.
21. I hereby certify that I attended the deceased from Apr 15 1946
1946, to May 23, 1946
that I last saw him alive on May 19, 1946
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (c) Age of husband or wife if alive 1895 years
7. Birth date of deceased: June 10 1895
(Month) (Day) (Year)

Immediate cause of death Coronary fibrillation (chronic)
Due to.....
Due to.....
Other conditions (Include pregnancy within 3 months of death)
Major findings: ASW
Of operations.....
Of autopsy.....
Duration

8. AGE: Years Months Days If less than one day
50 11 13 hr. min.

9. Birthplace Marion County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business

MOTHER FATHER
12. Name Frank Gash
13. Birthplace Marion County, Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Jennie Carson
15. Birthplace Marion County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Paul Gash
(b) Address Palmyra, Missouri

17. (a) Burial (b) Date thereof 5/26/46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Lewis Pross
(b) Address Palmyra, Missouri

19. (a) 5-27-46 (b) Laurie Boone
(Date received local registrar) (Registrar's signature)

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. H. Hill (M. D. or other) M.D.
Address Palmyra, Mo. Date signed 5/25/46

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(Licensed Embalmer's Statement on Reverse Side)

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 Geo. A. Lewis
Licensed Embalmer No. 9382
P. O. Address Palmyra 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.