

S. No. 2
M-5-43
7-5-1939
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22866

Registration District No. 46 Primary Registration District No. 4063 Registrar's No.

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

1. PLACE OF DEATH: (a) County Caldwell (b) City or town Hamilton (c) Name of hospital or institution: 1 (d) Length of stay: In hospital or institution 17 yrs (e) In this community 17 yrs

2. USUAL RESIDENCE OF DECEASED: (a) State Mo (b) County Caldwell (c) City or town Hamilton (d) Street No. (e) Citizen of foreign country? No

3. (a) PRINT FULL NAME FRANK JEROME GAUME (b) If veteran name war (c) Social Security No.

20. DATE OF DEATH: Month June day 20 year 1946 hour 5 minute 30 P.M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married divorced Widowed (b) Name of husband or wife Mary A (c) Age of husband or wife if alive 15 years 7. Birth date of deceased 10 15 1891

21. I hereby certify that I attended the deceased from June 20 1946 to June 20 1946 that I last saw him alive on June 20 1946 and that death occurred on the date and hour stated above.

8. AGE: Years 64 Months 8 Days 5 If less than one day hr min

Immediate cause of death Cerebral Hemorrhage Duration 30 min

9. Birthplace Orange Kansas

Due to Due to

10. Usual occupation Ice Plant

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business Better Gauge

Major findings: Of operations Of autopsy Physician Underline the cause to which death should be charged statistically.

12. (a) Informant (b) Address

13. Birthplace (c) State or foreign country

14. Maiden name Sarah

15. Birthplace (c) State or foreign country

16. (a) Informant (b) Address

17. (a) Burial, cremation, or removal (b) Date thereof June 24-1946 (c) Place: burial or cremation Highland Cem. Hamilton Mo.

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? (d) Did injury occur in or about home, on farm, in industrial place, in public place? (e) While at work? (f) Means of injury

18. (a) Signature of funeral director (b) Address (c) Date signed July 8/46 (d) Registrar's signature Gladys Jones

23. Signature Herbert H. Booth (M. D. or other) Hamilton Mo Date signed 7/5/46

DISTRICT HEALTH OFFICE
Cameron, Mo.

MAR 17 1952

JUL 12 1950

OCT 7 1946

FEB 17 1947

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 Me
....., Registered Apprentice No.
working under my personal supervision.

Signed

Morris A. Baum

Licensed Embalmer No.

3918

P. O. Address

Hamilton 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.