S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 33154

FILED OCT 17 1946

Registration District No. 78 Primary Registration District No. 5362 Registrar's No. 95

1. PLACE OF DEATH:

(a) County DAVIES

(b) City or town Rural - JAMESPORT TWP.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: R7 D#3. JAMESPORT
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 8 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County DAVIES 31

(c) City or town RURAL JAMESPORT TWP
(If outside city or town limits, write "RURAL")

(d) Street No. R7 D# 3. JAMESPORT MO.
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country —

3. (a) PRINT FULL NAME FLORENCE GAY

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 JOHN GAY

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased JANUARY (Month) 3 (Day), 1861 (Year)

8. AGE: Years 85 Months 8 Days 17 If less than one day — hr. — min.

9. Birthplace DAVIES COUNTY (City, town, or county) MO. (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business HOME

FATHER
12. Name JOHN O. STOUT
13. Birthplace DAVIES COUNTY (City, town, or county) MO (State or foreign country)

MOTHER
14. Maiden name JANE STILES
15. Birthplace DAVIES COUNTY (City, town, or county) MO. (State or foreign country)

16. (a) Informant Frank Gay
(b) Address JAMESPORT, MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof Sept 20, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Marion County Jamesport, MO

18. (a) Signature of funeral director Regina A Dawson
(b) Address Trenton MO.

19. (a) 9-25-46 (Date received local registrar) (b) Virginia McEnglish (Registrar's signature)

MEDICAL CERTIFICATION

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

21. I hereby certify that I attended the deceased from Sept. 3, 1946 to Sept 20, 1946 that I last saw her alive on Sept. 15, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Arteriosclerosis	Unknown
Due to: Unknown	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 R. N. Thompson (M. D. or other)

Address Jamesport Mo Date signed 9-24-46

(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 My self, Registered Apprentice No. ....., working under my personal supervision.

Signed Rayme A Davis

Licensed Embalmer No. 3424

P. O. Address Trenton, 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.