

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

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Fulton, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Callaway Co. Hospital
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway

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

(d) Street No. 310 W. 12th St.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Linda Lee Gish

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

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced 0

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

7. Birth date of deceased _____ (Month) Jan. (Day) 10 (Year) 1947

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 26
year 1947 hour 9: minute 37 A.M.

21. I hereby certify that I attended the deceased from Jan 10, 1947, to Jan 26, 1947,
that I last saw him alive on Jan 26, 1947,
and that death occurred on the date and hour stated above.

8. AGE: Years _____ Months _____ Days 16 If less than one day _____ hr. _____ min.

Immediate cause of death Asphyxia, atelectasis
Due to Pneumonia & debility
Due to _____

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

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

10. Usual occupation Baby

Major findings:
Of operations _____
Of autopsy 159

MOTHER FATHER { 11. Industry or business _____

12. Name Gareth Gish

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

14. Maiden name Phyllis Fayine Dorchest

15. Birthplace Gary Indiana
(City, town, or county) (State or foreign country)

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Gareth Gish
(b) Address 400 West 12th, Fulton, Mo.

17. (a) Burial (b) Date thereof Jan. 27, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hill-Crest

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? _____

18. (a) Signature of funeral director Glenn G. Maupin
(b) Address 712 Cant. St. Fulton, Mo.

19. (a) Jan 27-1947 (b) Jovita Moseusky
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury 0

23. Signature George T. Wood (M. D. or other) _____
Address Fulton, Mo. Date signed 1/27/47

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 2-7-47

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..... *Glen Y. Mansin*
Licensed Embalmer No. *2725*
P. O. Address *Fulton, 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.