

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED APR 18 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13256

State File No. \_\_\_\_\_

Registration District No. 137

Primary Registration District No. 3023

Registrar's No. 92

1. PLACE OF DEATH

(a) County Henry  
(b) City or town Clinton  
(c) Name of hospital or institution Wetzel Hospital  
(If outside city or town limits, write "RURAL" and name of township)  
(d) Length of stay: In hospital or institution 3 days  
(If not in hospital or institution, write street number or location)  
In this community Five years  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME

Mrs Nora Gudde

3. (b) If veteran,  
name war \_\_\_\_\_

3. (c) Social Security  
No. 715

4. Sex F / 5. Color or race W  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Edward Gudde  
6. (c) Age of husband or wife if alive 34 years  
7. Birth date of deceased May 76 1912  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
34 10 9 hr. min.

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

10. Usual occupation House wife

11. Industry or business \_\_\_\_\_

12. Name Lee Hampton

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

14. Maiden name Thelma M. Hampton

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

16. (a) Informant Edna M. Hampton

(b) Address Clinton City Mo

17. (a) Buried (b) Date thereof April 7 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Garden City Cem

18. (a) Signature of funeral director J. M. Kauffman

(b) Address Garden City Mo

19. (a) 4-6-47 (b) R. B. Kerney  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County CASS 19  
(c) City or town Garden City  
(If outside city or town limits, write "RURAL.")  
(d) Street No. Route #1  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr 5 day 19 1947  
year \_\_\_\_\_ hour 5 minute 00 AM.

21. I hereby certify that I attended the deceased from 1946  
\_\_\_\_\_, 19\_\_\_\_, to Apr 5, 1947  
that I last saw him alive on Apr 5, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Toxemia Duration \_\_\_\_\_

Followed by intentional obstruction

Due to \_\_\_\_\_

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 G. L. N. N. N. or other \_\_\_\_\_

Address Clinton Mo Date signed 4-5-47

RECEIVED  
Licenses Bureau Officer No. 7.  
District File Number 3-71-445  
Date Filed 4-17-47

### 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, and

working under my personal supervision. \_\_\_\_\_, Registered Apprentice No. 4001

Signed

Anna Ruth (Kauffman) Gann

Licensed Embalmer No. 4001

P. O. Address

La Tour, Mrs.

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.