

No. 2
12-45
-17-39
K47070

FILED MAY 14 1947
37

Registration District No. 37

Primary Registration District No. 6286

Registrar's No. 17

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

1. PLACE OF DEATH:

(a) County Wright

(b) City or town Dawson (Rural)
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Wood Twp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no (Specify whether years, months or days)

In this community lifetime

3. (a) PRINT FULL NAME Shedrick Wesley Gaddis

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced 2

6. (b) Name of husband or wife Ida Black Gaddis

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

7. Birth date of deceased Nov. 27, 1869
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>77</u>	<u>5</u>	<u>2</u>	hr. min.

9. Birthplace: Wright County, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business:

12. Name Stephen Gaddis

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

14. Maiden name TELITHA GADDIS

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

MOTHER FATHER

16. (a) Informant GOLDIE LAWSON

(b) Address DAWSON, Mo.

17. (a) Burial (b) Date thereof 5/2/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Simmons CEMETERY

18. (a) Signature of funeral director Russell Barber

(b) Address Mtn. Grove, Mo.

19. (a) 5-6-47 (b) A. B. Ames
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wright

(c) City or town Dawson, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. Rural
(If rural, give location)

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

If yes, name country no.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29
year 1947 hour 9:30 minute 9 P. M.

21. I hereby certify that I attended the deceased from 7-4
1947 to 4-24, 1947
that I last saw him alive on 4-24, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Edema

Due to Chronic myocarditis

Duration 2 da

1 yr

Due to _____

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

Major findings: Of operations 9/2/47

Of autopsy _____

Duration

1 yr

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury 2

23. Signature W. A. Craig (M. D. or other) DB
Address Mountain Grove, Mo. Date signed 5-6-47

MAY 15 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.....

.....
working under my personal supervision.

Registered Apprentice No.

Signed *Russell Barber*

Licensed Embalmer No. *3848*

P. O. Address *Dawson, 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.