S. No. 2
M—5-43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 26 1947

Registration District No. 275

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 18357

Primary Registration District No. 3053

Registrar's No. 33

1. PLACE OF DEATH:

(a) County Phelps

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

(c) Name of hospital or institution: 505 W. 4 TH ST. Rolla Mo
(If not in hospital or institution, write street number or location)

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

In this community 20 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Phelps 81

(c) City or town Rolla 2
(If outside city or town limits, write "RURAL")

(d) Street No. 505 W. 4TH St. 2
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME SARAH ELIZABETH GADDY

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife W. Calvin

6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased Aug. (Month) 14 (Day) 1877 (Year)

8. AGE: Years 69 Months 8 Days 26 If less than one day ____ hr. ____ min.

9. Birthplace Indiana (City, town, or county) 1 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name James Lee 9
13. Birthplace Don't know (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Eliza —
15. Birthplace Don't know (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mr. W. C. Gaddy
(b) Address 505 W. 4TH St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 12, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Rolla Cemetery

18. (a) Signature of funeral director Mull & Sons F. H.
(b) Address Rolla, Mo.

19. (a) 5-13-47 (Date received local registrar) (b) Nadine L. Stoll (Registrar's signature) 290

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10 year 1947 hour 12 minute 40 P.M.

21. I hereby certify that I attended the deceased from April 10, 1947, to May 8, 1947; that I last saw her alive on May 8, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hemorrhagic apoplexy	3-4 days
Due to Cerebral arteriosclerosis	unknown
Due to aging processes and diabetes mellitus	
Other conditions Diabetes mellitus (Include pregnancy within 3 months of death)	6-8 years

Major findings:
Of operations 0
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 0

23. Signature Guy V. Evennist (M. D. or other) —

Address 201 Asher Bldg Rolla Date signed 13 May

(Licensed Embalmer's Statement on Reverse Side)

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~~ Paul E. Nyell, Registered Apprentice No. 428, working under my personal supervision.

Signed S. E. Nyell

Licensed Embalmer No. 3397

P. O. Address Keller Wis

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.