

No. 2
-1/47
-17-39

National Office of Vital Statistics

FILED SEP 30 1947
Registration District No. **3010**

Primary Registration District No. **3010**

Registrar's No. **294**

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

1. PLACE OF DEATH:

(a) County **Cape Girardeau**

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

(c) Name of hospital or institution **Southeast Missouri Hospital**
(If not in hospital or institution, write street, number or location)

(d) Length of stay: In hospital or institution **3 days** (Specify whether years, months or days)

In this community **3 days**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Dunklin 35**

(c) City or town **Malder, Missouri 0**
(If outside city or town limits, write "RURAL")

(d) Street No. **Rural Route #2 0**
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME **Charles Emanuel Gullede**

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

3. (c) Social Security No.

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

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

7. Birth date of deceased **February 24th, 1930**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

17 6 28 hr. min.

9. Birthplace **Dunklin County Missouri 0**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business

12. Name **James Albert Gullede**

13. Birthplace **Carthage Tenn. 1**
(City, town, or county) (State or foreign country)

14. Maiden name **Missie B. Quinn**

15. Birthplace **Carthage, Tenn 1**
(City, town, or county) (State or foreign country)

16. (a) Informant **James A. Gullede**

(b) Address **R 2, Malder, Missouri**

17. (a) **Removal** (b) Date thereof **9-24-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Stephens Cemetery**

18. (a) Signature of funeral director **Lander Funeral Home**

(b) Address **Campbell, Missouri**

19. (a) **9-25-47** (b) **C. G. Gullede**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **28**
year **1947** hour **10** minute **45 A.** M.

21. I hereby certify that I attended the deceased from **Sept 20 1947** to **Sept 22 1947**
that I last saw h.i.m. alive on **Sept 22 1947**
and that death occurred on the date and hour stated above.

Duration

Immediate cause of death **Fracture of base of skull**

Due to.....

Due to.....

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

Major findings:
Of operations.....

Of autops.....

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **Accident 35**

(b) Date of occurrence **Sept 20 - 1947**

(c) Where did injury occur: **See Coroner Report**
(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)

(e) Means of injury **AUTO Wreck**

23. Signature **P. H. Piller, M.D.** (M. D. or other) **0**

Address **Cape Girardeau, Mo** Date signed **Sept 29 47**

MOTHER FATHER

1700-24
ADDITIONAL SUPPLEMENTARY INFORMATION REQUIRED

Underline the cause of death which death certificate should be charged statistically.

PHYSICIAN

S.H.R. - Run off Roadway

RECEIVED

District Health Officer No. 4
District File Number 947-1247
Date Filed 9-29-47

OCT 10 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.....

..... Registered Apprentice No.
working under my personal supervision.

Signed Christina M. Landers

Licensed Embalmer No. 4227

P. O. Address Samphell, 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.