S. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 40583

FILED DEC 12 1947

Registration District No. 324

Primary Registration District No. 3072

Registrar's No. 244

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

1. PLACE OF DEATH:
(a) County Saline
(b) City or town Marshall, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 660 S. English
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Saline 97
(c) City or town Marshall 1
(If outside city or town limits, write "RURAL")
(d) Street No. 660 S. English 2
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME DOTSON JACKSON GAULDIN
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M O
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Naomi Dorothy Gauldin
6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased May (Month) - 4 (Day) - 1875 (Year)

8. AGE:

Years	Months	Days	If less than one day
72	6	29	hr. min.

9. Birthplace Saline Co. (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Teamster
11. Industry or business
FATHER
12. Name John Anderson Gauldin
13. Birthplace (City, town, or county) Virg. (State or foreign country)
MOTHER
14. Maiden name Anna Elizabeth Pope
15. Birthplace (City, town, or county) Ky (State or foreign country)
16. (a) Informant Mrs Dan M Duggins
(b) Address Marshall Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-5-47 (Month) (Day) (Year)
(c) Place: burial or cremation Slater Mo
18. (a) Signature of funeral director Harry Hershberger
(b) Address Marshall Mo
19. (a) Dec. 5-1947 (Date received local registrar) (b) Sidney T. Gray (Registrar's signature) 345

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 3
year 1947 hour 1 minute 45 P M.
21. I hereby certify that I attended the deceased from Nov. 1, 1946 to Dec 3, 1947
that I last saw him alive on Dec 3, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Stomach - (Pylorus)

Due to

Due to

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

Major findings:
Of operations 46

Of autopsy

Duration

PHYSICIAN
Underline the cause of 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) 2
While at work? (e) Means of injury
23. Signature Geo. T. Nuckles D. or other) D.O.
Address 303 N Jefferson Date signed Dec 4-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number _____

Date Filed 12-11-47

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 Joseph R. Mackler, Registered Apprentice No. 43, working under my personal supervision.

Signed Harry Hershberger

Licensed Embalmer No. 43 v-7

P. O. Address Marshall 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.