S. No. 2
M—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 19 1948

Registration District No. 1587

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3028

State File No. 44306

Registrar's No. 274

49 / 3

1. PLACE OF DEATH:
(a) County: Jasper
(b) City or town: Carthage
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Stone Memorial Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 week (Specify whether years, months or days)
In this community: 17 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jasper 49
(c) City or town: Carthage
(If outside city or town limits, write "RURAL")
(d) Street No.: 1924 So. Maple 3
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: MYRTLE MAY GAMMON
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: single
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: October (Month) 31 (Day) 1878 (Year)

8. AGE: Years 69 Months 1 Days 25 If less than one day hr. min.

9. Birthplace: Pleasant Hill (City, town, or county) Missouri (State or foreign country) 6
10. Usual occupation: at home
11. Industry or business: ----

MOTHER FATHER
12. Name: Albert Gammon
13. Birthplace: unknown (City, town, or county) Tenn (State or foreign country)
14. Maiden name: Miram K. McDaniel
15. Birthplace: unknown (City, town, or county) Indiana (State or foreign country)

16. (a) Informant: Mr. S. I. Barton
(b) Address: Carthage, Mo.
17. (a) removal (Burial, cremation, or removal) (b) Date thereof: Dec 31, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation: Pleasant Hill, Mo.
18. (a) Signature of funeral director: Knell Mortuary
(b) Address: Carthage, Mo.
19. (a) 12-30-1947 (Date received local registrar) (b) L. B. Clinton, (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 26 year 1947 hour 1:10 minute P M.
21. I hereby certify that I attended the deceased from Dec 16, 1947, to Dec 26, 1947, that I last saw h. alive on Dec 26, 1947, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Uremia	12 days
Due to: Diabetes Mellitus	9
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

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
(f) Signature: Albert B. Wheeler (M. D. or other) DO
Address: Carthage Mo Date signed 12/29/47

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

47-12-1040

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 Frank W. Kuell Jr

Licensed Embalmer No. X440

P. O. Address Carthage

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.