No. 2
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17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 4 1948

THE STATE BOARD OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 3751

Registration District No. 358 Primary Registration District No. 6214 Registrar's No. 2

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

**1. PLACE OF DEATH:**

(a) County Vernon
(b) City or town Clear Creek Township (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: At home (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ✓ (Specify whether In this community ✓ years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Vernon
(c) City or town Rural - Clear Creek Township (If outside city or town limits, write "RURAL")
(d) Street No. ✓ (If rural, give location)
(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. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Jno. B. Gammon
6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased Mar. (Month) 27 (Day) 1886 (Year)

8. AGE: Years 61 Months 9 Days 19 If less than one day ___ hr. ___ min.

9. Birthplace Vernon Co. (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Homekeeper
11. Industry or business ✓
FATHER
12. Name John C. Newland
13. Birthplace Don't know (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Allie Ransdall
15. Birthplace Kentucky (City, town, or county) (State or foreign country)
16. (a) Informant Jno. B. Gammon
(b) Address Walker Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 16 - 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Vernon Cemetery
18. (a) Signature of funeral director Allen V. Hays
(b) Address Nevada Mo.
19. (a) Jan 20 - 1948 (Date received local registrar) (b) Mrs Sarah E. Gray (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Jan day 14 year 1948 hour ___ minute ___ M.

21. I hereby certify that I attended the deceased from 7-20, 1947, to 1-14, 1948 that I last saw her alive on 1-14, 1948 and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Cerebral Hemorrhage | 6 hrs |
| Due to Hypertension | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations 83 A
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

23. Signature F. L. Martin (M. D. or other) MD
Address Nevada Mo Date signed 1-19-48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
District File Number 1-48-8
Date Filed 2-3-48

## 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 Allen E. Hays

Licensed Embalmer No. 1968

P. O. Address Nevada, 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.**