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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11240

FILED APR 8 1948

Registration District No. 347 Primary Registration District No. 4508 Registrar's No.

1. PLACE OF DEATH:
(a) County Stone
(b) City or town Galena
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community Chant 6 mo.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Stone 104
(c) City or town Galena 8
(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 Francis Gold.
3. (b) If veteran, name war ✓
3. (c) Social Security No. no
4. Sex F
5. Color or race Wh
6. (a) Single, widowed, married, divorced /
6. (b) Name of husband or wife Edward Gold
6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased Jan (Month) 9 (Day) 1883 (Year)

8. AGE: Years 65 Months 1 Days 19 If less than one day hr. min.

9. Birthplace Christian Co Mo (City, town, or county) (State or foreign country)
10. Usual occupation House Wife
11. Industry or business
FATHER
12. Name Marion C Gwaltney
13. Birthplace Tenn (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Matilda Henry
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant J. N. Gwaltney
(b) Address Aurora Mo R-2
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 29-48 (Month) (Day) (Year)
(c) Place: burial or cremation Right Cem. 39
18. (a) Signature of funeral director Everett J Cheatham
(b) Address Galena Mo
19. (a) March 2-48 (Date received local registrar) (b) Lena Murray Dep. (Registrar's signature) 31

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 28
year 1948 hour 4 minute 55 A.M.
21. I hereby certify that I attended the deceased from March 1946, 19 to Dec. 22, 1947
that I last saw her alive on Dec. 22, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis, Chronic	10 yrs
Due to	
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)
While at work? Means of injury
23. Signature Fred L. Hammond (M. D. or other) M.D.
Address Crane, Mo Date signed 3-2-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 6
District File Number 348-385
Date Filed MAR 31 1948

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 Everett J. Cheatham

Licensed Embalmer No. 3870

P. O. Address Galena, 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.