S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 18 1948

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 16146

Registration District No. 140 Primary Registration District No. 3024 Registrar's No. 27

45
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Howard
(b) City or town Fayette, Mo. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Lee Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 hrs. (Specify whether
In this community All her life years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Howard 45
(c) City or town Fayette, Rural (If outside city or town limits, write "RURAL")
(d) Street No. R.R. 5 (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country ------

3. (a) PRINT FULL NAME Josephine Gilmore Searcy
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 Married
6. (b) Name of husband or wife James E. Searcy
6. (c) Age of husband or wife if alive 79 years
7. Birth date of deceased Aug. (Month) 20, (Day) 1874 (Year)

8. AGE: Years 73 Months 8 Days 2 If less than one day ..... hr. ..... min.

9. Birthplace Howard County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation House wife
11. Industry or business -----
FATHER
12. Name Addison Young Gilmore
13. Birthplace Kentucky (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Elizabeth Trent
15. Birthplace Kentucky (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Trevelyn Mounter
(b) Address R. R. Fayette, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/25/48 (Month) (Day) (Year)
(c) Place: burial or cremation Fayette City Cemetery
18. (a) Signature of funeral director Ralph A. Carr
(b) Address Fayette, Mo.
19. (a) 5-8-1948 (Date received local registrar) (b) Dorothy Fern Sohn (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22 year 1948 hour 3:00 minute P. M.
21. I hereby certify that I attended the deceased from April 22, 1948, to April 22, 1948 that I last saw h..... alive on ....., 19.....; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Coronary occlusion | 12 hrs. |
| 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? (e) Means of injury
23. Signature M. Leech (M. D. or other) M.D.
Address Fayette, Mo. Date signed 5-5-48

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

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 5-15-48

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 Lloyd O. Jaspering, Registered Apprentice No. 461, working under my personal supervision.

Signed Ralph A. Carr

Licensed Embalmer No. 3340

P. O. Address Fayette 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.