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

FILED JUN 30 1948

Registration District No. 200

Primary Registration District No. 5725

Registrar's No. 339

1. PLACE OF DEATH:

(a) County Macon
(b) City or town Rural Hudson
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Steele Hospital Sanitorium
(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 Mo (b) County Andrew 2
(c) City or town Savannah 1
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____
(If rural, give location) _____
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country _____

3. (a) PRINT FULL NAME MISS Kate Gamble

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 July 25 - 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 3 15 hr. min.

9. Birthplace Macon Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER

12. Name William Gamble

13. Birthplace Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Sophia Monahan

15. Birthplace Penn
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Ed Duff

(b) Address Savannah Mo

17. (a) removal (b) Date thereof 6/12/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Savannah Mo

18. (a) Signature of funeral director Alfred Turner

(b) Address Macon Mo

19. (a) 6724148 (b) Wm McNeely
(State received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10
year 1948 hour 8 minute 00 P.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____.

that I last saw her alive on June 10, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Pneumonia and Myocardial degeneration Duration 10 days

Due to Arteriosclerosis

Due to _____

Other conditions Senile Dementia
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy 935

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? _____

While at work? _____ (Specify type of place) (e) Means of injury 2

23. Signature Floyd E. Blum (M. D. or other) D.O.

Address Macon Mo Date signed 6/10/48

RECEIVED

District Health Officer No. 10

District File Number 6-48-1144

Date Filed JUN 29 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..... *Albert Skinner*

Licensed Embalmer No. 737

P. O. Address Macon 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.