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FILED JUL 15 1948

Registration District No. 360

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3076

State File No. 21958

Registrar's No. 115

1. PLACE OF DEATH:

(a) County Vernon
 (b) City or town Neuada ~~Just~~
 (If outside city or town limits, write "RURAL" and name of township)
Neuada City Hospital D
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 Days
 (Specify whether
 In this community 6 Months
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon 108
 (c) City or town Neuada 1
 (If outside city or town limits, write "RURAL")
 (d) Street No. 620 West Walnut 2
 (If rural, give location) 0
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME

Gertrude Elizabeth Flory
 3. (b) If veteran, name war no
 3. (c) Social Security No. no

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Deceased
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Oct 13 1858
 (Month) (Day) (Year)

8. AGE: Years 89 Months 8 Days 13
 If less than one day hr. _____ min.

9. Birthplace Lincolnton County Penna
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Unknown - Boyan

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

14. Maiden name Elizabeth Foreman

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

16. (a) Informant Perl Edmiston

(b) Address State Hospital #3

17. (a) Burial (b) Date thereof June 28-1948
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Newton Cemetery

18. (a) Signature of funeral director H.H. Warradette

(b) Address Neuada, Mo.

19. (a) 7-7-48 (b) Rathburn Yancey
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26
 year 1948 hour 9 minute A. M.
 21. I hereby certify that I attended the deceased from Jan, 1945, to June, 1948.
 that I last saw him alive on June 26, 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death
Hypertensive
cardio-renal disease

Due to _____
 Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 1310
 Of autopsy _____

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 _____

23. Signature F. L. Martin (M. D. or other) MD
 Address Neuada Date signed 6/28/48

Duration _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

MOTHER FATHER

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

RECEIVED

District Health Officer No.

District File Number 6-48-78

Date Filed 7-12-60

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.....

Bert B. Bennett, Registered Apprentice No. 83
working under my personal supervision.

Signed A. H. Marmaduke

Licensed Embalmer No. 2070

P. O. Address Woods, 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.