

FILED JUL 23 1948

Registration District No. _____

Primary Registration District No. 6092

Registrar's No. 151

1. PLACE OF DEATH:

(a) County Saline, Malta Bend, MO. RFD
(b) City or town Rural, Grand Pass township
(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. All his life years, months or days)

3: (a) PRINT FULL NAME Robert Lee Gauldin

3: (b) If veteran, name war _____ 3: (c) Social Security No. None

4. Sex Male 5. Color or race White

6: (a) Single, widowed, married, divorced Widowed
6: (b) Name of husband or wife Margaret C. Gauldin

7. Birth date of deceased July 30th, 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
83 II I6 hr. min.

9. Birthplace Saline County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Martin Austin Gauldin

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

14. Maiden name Nancy Kizer

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

16: (a) Informant Robert Gauldin, Jr.

(b) Address Malta Bend, Mo.

17: (a) Burial (b) Date thereof July 18, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union cemetery

18: (a) Signature of funeral director Camille Rine

(b) Address Marshall, Mo.

19: (a) July 17-1948 (b) Sidney T. Gray
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline
(c) City or town Rural, Grandpass 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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16
year 1948 hour 2 minute 50 P.

21. I hereby certify that I attended the deceased from Jan 1948 to July 16, 1948
that I last saw him alive on 7-16-48
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia Duration _____

Due to Chronic Glomerulonephritis

Due to Hypertension Essential

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

Major findings: Of operations _____

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 C. A. Veatch (M. D. or other) MD

Address Marshall, Mo. Date signed 7/17/48

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

District File Number

7-22-48

Date Filed

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

R. W. Campbell Jr.

Licensed Embalmer No.

34691

P. O. Address

Marshall N

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.