

FILED AUG 13 1948

Registration District No. **324**

Primary Registration District No. **4475**

Registrar's No. **7158**

1. PLACE OF DEATH:

(a) County **Saline**
(b) City or town **Mallet Bend, Mo**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Mallet Bend, Mo**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **10 months**
years, months or days

3. (a) PRINT FULL NAME **GORA GERON**

3. (b) If veteran, name was _____ 3. (c) Social Security No. _____
4. Sex **Female** 5. Color or race **Negro** 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 **August 8**
(Month) (Day) (Year)

8. AGE: Years **about 64** Months _____ Days _____ If less than one day _____ hr. _____ min.
9. Birthplace **White Illinois**
(City, town, or county) (State or foreign country)

MOTHER FATHER

10. Usual occupation **none**
11. Industry or business _____
12. Name **George Harris**
13. Birthplace **unknown**
(City, town, or county) (State or foreign country)
14. Maiden name **Ada Harris**
15. Birthplace **unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **W. J. A. P. P. S.**
(b) Address **Mallet Bend Mo**
17. (a) **burial** (b) Date thereof **7-22-48**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **St. Louis, Mo**
18. (a) Signature of funeral director **Green**
(b) Address **Marshall, Mo**
19. (a) **July 22-1948** (b) **Sidney Gray**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Saline**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **22**
48 year _____ hour **30** minute **P.M.**
21. I hereby certify that I attended the deceased from **7-21**, 19**48** to **7-21**, 19**48**,
that I last saw him _____ alive on **dead on arrival**, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage a/c** **1 hour**
Due to _____
Due to **Hemiplegia R. Side** **16 Mo**

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: **836**
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(c) 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 **Wes A. Telling** (M. D. or other)
Address **Waverly Mo** Date signed **7-22-48**

WRITE PLAINLY - USE UNFADING INK

RECEIVED

District Health Officer No. 8,-

File Number _____

Filed 9-12-78

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 Leo P. Grant

Licensed Embalmer No. 4220

P. O. Address Marshall M

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.