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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 14 1948

Dr. Phipps

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30562

Registration District No. 267 | Primary Registration District No. 4396 | Registrar's No. 86

1. PLACE OF DEATH:
(a) County: Pemiscot
(b) City or town: Wardell
(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 years, months or days) In this community: 5 years.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Pemiscot
(c) City or town: Wardell
(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 ____

3. (a) PRINT FULL NAME: Mary A. Gullett
3. (b) If veteran, name war: ✓
3. (c) Social Security No.: —
4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Dr. H. Gullett
6. (c) Age of husband or wife if alive: 60 years
7. Birth date of deceased: Feb. (Month) 8 (Day) 1893 (Year)
8. AGE: Years 55 Months 7 Days 28 If less than one day ____ hr. ____ min.
9. Birthplace: Calloway Co. (City, town, or county) Mo. (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: ✓
MOTHER FATHER
12. Name: B. H. Stephens
13. Birthplace: Calloway Co. (City, town, or county) Mo. (State or foreign country)
14. Maiden name: Maud Jeffries
15. Birthplace: Calloway Co. (City, town, or county) Mo. (State or foreign country)
16. (a) Informant: Dr. H. Gullett
(b) Address: Wardell, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 10-7-1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Stephens Mo.
18. (a) Signature of funeral director: L. L. Forge Und. Co.
(b) Address: Caruthersville, Mo.
19. (a) 10/7/48 (Date received local registrar) (b) John W. German (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 6 year 1948 hour 4 minute 45 A.M.
21. I hereby certify that I attended the deceased from Sept. 17, 1948 to Oct. 6, 1948; that I last saw her alive on Sept. 17, 1948, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cancer of lungs.	3 Mos.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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

23. Signature: H. W. Phipps M. D. or Coroner
Address: Caruthersville, Mo. Date signed: 10/6/48

(Licensed Embalmer's Statement on Reverse Side)

10-48-277

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 Noel C Dean

Licensed Embalmer No. 3941

P. O. Address Carutherville Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

2B
45
43880

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STANDARD CERTIFICATE OF DEATH

State File No. 108

Registration District No. 267 Primary Registration District No. 4396 Registrar's No. 86

1. PLACE OF DEATH:

(a) County Pemiscot

(b) City or town Wardell
(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 years, months or days)

In this community 5 yr

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pemiscot

(c) City or town Wardell
(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

3. (a) PRINT FULL NAME Mary G. Gullett

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive

7. Birth date of deceased Feb 8 1893
(Month) (Day) (Year)

8. AGE: Years 55 Months 7 Days 28 If less than one day hr. min.

9. Birthplace Calloway County Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name B H Stephens

13. Birthplace Calloway Co Mo
(City, town, or county) (State or foreign country)

14. Maiden name Maud Jeffries

15. Birthplace Calloway Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant D. H. Gullett

(b) Address Wardell, Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10-7-48 (Month) (Day) (Year)

(c) Place: burial or cremation Stephens Mo

18. (a) Signature of funeral director Forge Undt Co

(b) Address Caruthersville, Mo

19. (a) 10-7-48 (Date received local registrar) (b) John W Kerna (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct Day 6 year 1948 hour 8 minute 45 A.M.

21. I hereby certify that I attended the deceased from Sept 17, 1948 to Oct 6 1948 that I last saw him alive on Sept 17 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of lungs — Duration 3 Mo

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature G W Phipps (M.D. or other)

Address Caruthersville, Mo Date signed 10/6/48

SUPPLEMENTARY

1948
S-30562

OCT 27 1948