N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

2902
Do not use this space.

FILED FEB 7 3 1940

1. PLACE OF DEATH
(a) County Lawrence Registration District No. 470
(b) Township Primary Registration District No. 5633 Registered No. 2
(c) or City Mt. Vernon (d) Street No. Missouri State Sanatorium St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. 7 mos. 16 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Edward Vincent Gickling
(a) Residence, No. Richmond, Mo St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Unknown
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 18, 1912
7. AGE: YEARS 27 MONTHS 4 DAYS 18 If LESS than 1 day, ...hrs. or ......min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Student
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) Apr. 20, 1939
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Minot, N (STATE OR COUNTRY) North Dakota

FATHER
13. NAME H. E. Gickling
14. BIRTHPLACE (CITY OR TOWN) Stevens Pt. (STATE OR COUNTRY) Wisconsin

MOTHER
15. MAIDEN NAME KatherinePiehotta
16. BIRTHPLACE (CITY OR TOWN) Staples (STATE OR COUNTRY) Minn

17. INFORMANT E. McMichael, Record Clerk
(ADDRESS) Missouri State Sanatorium

18. BURIAL, CREMATION, OR REMOVAL
PLACE Maryville Mo Jan 7 1940
19. FUNERAL DIRECTOR (NAME) E. Thurman
(ADDRESS) Richmond Mo
20. FILED Jan 5 1940 P. R. Holme Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 5, 1940
22. I HEREBY CERTIFY, That I attended deceased from May 21, 1939, to Jan 5, 1940.
I last saw him alive on Jan 5, 1940. Death is said to have occurred on the date stated above, at 11:30a.m.
The principal cause of death and related causes of importance were as follows: Date of onset
Pulmonary tuberculosis 1935
73
Other contributory causes of importance:
Tuberculous enteritis
laryngitis
Name of operation ...... Date of ......
What test confirmed diagnosis? Clinical Was there an autopsy? No
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ...... Date of injury ......, 19......
Where did injury occur? ......
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Maurice L. Jones, M. D.
421 (Address) Mt Vernon Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 240-342
Date Filed FEB 6 1940

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 ....

Licensed Embalmer No. ....

P. O. Address ....

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

If this body is not embalmed, above space should be left blank.