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Registration District No. 104

Primary Registration District No. 5151

Registrar's No. 232

FILED OCT 10 1940

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Rural McCredie 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 Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 1 mi north of Wright station
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME George Lafayette Gilbert

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 12th
year 1940 hour 8:00 AM minute _____ M.

21. I hereby certify that I attended the deceased from 3:00 PM
Sept. 11, 1940, to death, 19____;
that I last saw him alive on Sept. 11th at 4:00 PM, 1940;
and that death occurred on the date and hour stated above.

3. (b) If veteran, name war _____ 3. (c) Social Security No. 1107E

Immediate cause of death Cerebral hemorrhage Duration 19 hrs.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

Due to a history of his other attacks were given over last for 4 yrs.

6. (b) Name of husband or wife Ida Gilbert 6. (c) Age of husband or wife if alive 62 years

Other conditions perhaps long standing nephritis

7. Birth date of deceased Johnny (Month) 17 (Day) 1869 (Year)

Major findings: myl arteriosclerosis

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>7</u>	<u>25</u>	hr. _____ min. _____

Of operations _____

Of autopsy _____

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

22. If death was due to external causes, fill in the following:

10. Usual occupation Farmer

(a) Accident, suicide, or homicide (specify) _____

11. Industry or business Farming

(b) Date of occurrence _____

12. Name Bentley Gilbert

(c) Where did injury occur? _____ (City or town) (County) (State)

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

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

14. Maiden name Bettie Smith

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

16. (a) Informant Ida Gilbert (wife)

(b) Address Fulton, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 14 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Old Auxvasse

18. (a) Signature of funeral director Geo Wallace

(b) Address Fulton, Mo.

19. (a) 9/14/40 (Date received local registrar) (b) R. N. Crum (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury 3

23. Signature D. A. Squires (M.D. or other) D.O.

Address Fulton, Mo. Date signed 9/13/40

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

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.....

James A. Mudd

Licensed Embalmer No. *4152*

P. O. Address *Fulton, Mo*

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

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