

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

13-40
33
23159

See also 33005-71

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILLED OCT 16 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32111

Registration District No. 605

Primary Registration District No. 4359

Registrar's No.

1. PLACE OF DEATH:

(a) County New Madrid

(b) City or town Parma
(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 _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County New Madrid

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

(d) Street No. _____ (If rural, give location)

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

3. (a) PRINT FULL NAME William Nealy Gilbow

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 10 year 1941 hour 4:30 minute 0 P. M.

4. Sex M.O 5. Color or race White

6. (a) ~~Single, widowed, married,~~ divorced 2

6. (b) Name of husband or wife Victoria Gilbow 6. (c) Age of husband or wife if alive deceased years

7. Birth date of deceased Jun 20, 1862
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Mar 15, 1941, to Sept 10, 1941; that I last saw him alive on Sept 10, 1941; and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>79</u>	<u>7</u>	<u>20</u>	hr. _____ min.

Immediate cause of death Carcinoma mouth

Due to _____

Due to _____

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

Other conditions (include pregnancy within 3 months of death) 450

Major findings: Of operations _____

Of autopsy _____

10. Usual occupation Farmer

11. Industry or business _____

12. Name William Gilbow

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

14. Maiden name Jessie Bartholomew

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

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant J. A. Gilbow

(b) Address Parma, Mo

17. (a) Burial (b) Date thereof 9-12-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation (Libbuckle Cem) Portageville

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? _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 9-12-41 (b) Dr. Geo. W. Husted
(Date received local registrar) (Registrar's signature)

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

23. Signature Geo. W. Husted (M. D. or other)

Address Parma Mo Date signed 9/10/41

RECEIVED

District Health Office No. 2

District File Number 1401-1413

Date Filed 10/8/41

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 comply the above constitutes grounds for revocation of license.)

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

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32111

Registration District No. 605

Primary Registration District No. 4359

Registrar's No. _____

1. PLACE OF DEATH:

(a) County New Madrid
(b) City or town Parma Rural
(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 _____
years, months or days)

3. (a) PRINT FULL NAME William N. Gilbow

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan 20 1862
(Month) (Day) (Year)

8. AGE: Years 79 Months 7 Days 20 If less than one day _____ min.

9. Birthplace _____ (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director Arden Ellis

(b) Address Sikeston Mo

19. (a) 11-19-41 (b) Dr. George H. ... (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (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 Sept day 20 year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____ that I last saw him _____ alive on _____ 19____ and that death occurred on the date and hour stated above.
Immediate cause of death _____

Duration _____

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? _____

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

23. Signature _____ (M. D. or other) _____

Address _____ Date signed _____

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

SUPPLEMENTARY

3211