

FILED OCT 27 1941

STANDARD CERTIFICATE OF DEATH

State File No. 35632

Registration District No. 625

Primary Registration District No. 3031

Registrar's No. 116

1. PLACE OF DEATH

(a) County Madison  
(b) City or town Madisonville Mo  
(c) Name of hospital or institution St. Francis Hospital  
(d) Length of stay: In hospital or institution 1 Month 11 days  
In this community Two Months

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Madison  
(c) City or town Kansas City  
(d) Street No. \_\_\_\_\_  
(e) Citizen of foreign country? 1 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Floyd Frank Gilbert

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 11<sup>th</sup> year 1941 hour 4 minute \_\_\_\_\_ A.M.  
21. I hereby certify that I attended the deceased from July 10 1941 to Sept 11 1941  
that I last saw him alive on Sept 9<sup>th</sup> 1941 and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced W  
6. (b) Name of husband or wife Minnie M. Gilbert "Nessie" 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Dec 12 1881  
(Month) (Day) (Year)

Immediate cause of death Broncho-Pneumonia

8. AGE: Years 59 Months 8 Days 29 min. \_\_\_\_\_

Due to Hemiplegia

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

Due to \_\_\_\_\_

10. Usual occupation Laborer

Other conditions decubitus  
(Include pregnancy within 3 months of death)

11. Industry or business \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_ Of autopsy \_\_\_\_\_

12. Name William Gilbert

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

14. Maiden name Shart

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

16. (a) Informant Herbert Gilbert

(b) Address 2631 E. 6<sup>th</sup> K.C. Mo.

17. (a) Burial (b) Date thereof 9-12-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Freeman Cemetery

18. (a) Signature of funeral director Campbell

(b) Address 957 South Main, Maryville Mo.

19. (a) Sept 12 41 (b) W. C. Ward  
(Date received local registrar) (Registrar's signature)

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 L. E. Dean (M. D. or other) D  
Address Maryville Mo Date signed 9-11-41

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.....*W. H. Campbell*

Licensed Embalmer No.....*12670*

P. O. Address.....*Marshall Mo.*

**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.**