S. No. 2
M—1-4-41
v. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 16 1942

Registration District No. 2821

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

14050

State File No.

Primary Registration District No. 3012

Registrar's No. 31

1. PLACE OF DEATH:
(a) County Clay
(b) City or town Liberty (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 605 Liberty (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

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Clay
(c) City or town Liberty (If outside city or town limits, write "RURAL")
(d) Street No. R R 2 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country No

3. (a) PRINT FULL NAME Irving Gilfmer
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Male
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Minnie Denny Gil
6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased Jan 28 1863 (Month) (Day) (Year)

8. AGE: Years 79 Months 2 Days 4 If less than one day hr. min.

9. Birthplace Mo City (City, town, or county) Mo (State or foreign country)
10. Usual occupation at home
11. Industry or business
FATHER 12. Name Robert G. Gilfmer
13. Birthplace Gilford Co (City, town, or county) North Carolina (State or foreign country)
MOTHER 14. Maiden name Sarah Mann
15. Birthplace Howard Co (City, town, or county) Mo (State or foreign country)
16. (a) Informant Bob Gilfmer
(b) Address Liberty Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 4 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Liberty Mo
18. (a) Signature of funeral director [illegible]
(b) Address 119 E Franklin St Liberty Mo
19. (a) 4-18-42 (Date received local registrar) (b) Helen Early (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 2 year 1942 hour 3 minute 15 P.M.
21. I hereby certify that I attended the deceased from 1939 to April 2 1942 that I last saw him alive on April 2 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral hemorrhage	1 week
Due to Arteriosclerosis	20 yrs.
Due to Hypertension	20 yrs.
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 D
23. Signature N. P. Schuhmacher (M. D. or other) M.D.
Address Liberty Mo Date signed 4-18-42

126

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 5-15-43

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 [illegible]

Licensed Embalmer No. 3934

P. O. Address Liberty 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.