

S. No. 2
M-8-43
v. 5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16694

State File No. _____

FILED JUN 2 1945
Registration District No. 22

Primary Registration District No. 3017

Registrar's No. 56

1. PLACE OF DEATH:

(a) County Cooper
(b) City or town Boonville Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Joseph Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 hrs.
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howard
(c) City or town Fayette
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Orville Mitchell Gilbert

20. DATE OF DEATH: Month May day 6
year 1945 hour 5:30 minute P M.

3. (b) If veteran, name war **
3. (c) Social Security No. 702-10-2676

21. I hereby certify that I attended the deceased from 5-6-45 to 5-6-45
that I last saw him alive on 5-6-45
and that death occurred on the date and hour stated above.

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

Immediate cause of death
Cerebral Hemorrhage

6. (b) Name of husband or wife Maud Kinsey Gilbert
6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased Feb. 20, 1881
(Month) (Day) (Year)

Due to Arteriosclerosis

8. AGE: Years 64 Months 2 Days 16
If less than one day
hr. min.

Due to _____

9. Birthplace Fairberry Nebraska
(City, town, & county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation Engineer

Major findings: Of operations none
Of autopsy None

11. Industry or business _____

12. Name Noah Gilbert

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

14. Maiden name Sally Marsters

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

16. (a) Informant Mrs. Orville M. Gilbert

(b) Address Fayette, Missouri

17. (a) Burial (b) Date thereof 5/9/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fayette City Cemetery

18. (a) Signature of funeral director Ralph A. Carr

(b) Address Fayette, Missouri

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 T C Beckett MD
Address Boonville Mo Date signed 5-20-45

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

1088

(Licensed Embalmer's Statement on Reverse Side)

JUN 28 1945

RECEIVED

District Health Officer No. 8,

District File Number: _____

Date Filed 6/1/45

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, _____

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Dolph A Carr

Licensed Embalmer No. 3340

P. O. Address Trayette 7000

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.