

Registration District No. 373

Primary Registration District No. 4345

Registrar's No. 35

1. PLACE OF DEATH:
(a) County Webster
(b) City or town Marshfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 3 months years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Barton
(c) City or town Golden City
(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 _____

3. (a) PRINT FULL NAME LOUISA ROSE BURG GILBREATH
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 12
year 1946 hour 6 minute 00 P.M.
21. I hereby certify that I attended the deceased from June 7, 1946, to June 12, 1946
that I last saw her alive on June 10, 1946
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife W. C. Gilbreath 6. (c) Age of husband or wife if alive 80 years
7. Birth date of deceased Feb (Month) 11 (Day) 1866 (Year)

Immediate cause of death Cerebral hem- orrhage Duration 2 da.

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>4</u>	<u>1</u>	hr. _____ min. _____

Due to Hypertension
Due to _____
Other conditions _____ (Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy § 30

9. Birthplace Boone Iowa (City, town, or county) (State or foreign country)
10. Usual occupation Housewife

11. Industry or business _____
12. Name Albert Ingersoll
13. Birthplace Boone, Iowa (City, town, or county) (State or foreign country)
14. Maiden name Nancy Ross
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 Mrs. Clay Nash
(b) Address Marshfield, Mo.
17. (a) Burial (b) Date thereof June 16, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation 2007 Cem. Golden City, Mo.

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 Phillip Ingersoll
(b) Address Golden City, Missouri
19. (a) 6/12/46 (b) J. H. Wickman
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
(c) Means of injury _____
23. Signature J. E. Blum (M. D. or other) P.O.
Address Marshfield, Mo. Date signed 6/12/46

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

MOTHER FATHER

JUN 23 1948

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..... *J. H. Hugh*

Licensed Embalmer No. *3278*

P. O. Address..... *Golden City, 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.