

No. 1
1-2-43
5-17-39
X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30089**

FILED OCT 1 1946

Registration District No. 37

Primary Registration District No. 3023

Registrar's No. 182

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Clinton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Clinton General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution today (Specify whether)
In this community 63-2-10 years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME

Thersia Gielep

3. (b) If veteran, name war

no

3. (c) Social Security No.

none

4. Sex Female

5. Color or race white

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife George Gielep

6. (c) Age of husband or wife if alive deceased years

7. Birth date of deceased July (Month)

17 (Day) 1893 (Year)

8. AGE:

Years 63 Months 2 Days 10 If less than one day hr. min.

9. Birthplace

Montrose Mo. (City, town, or county) (State or foreign country)

10. Usual occupation

housewife

11. Industry or business

MOTHER FATHER

12. Name Henry Kalucci

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

14. Maiden name Kathryn Kempf

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

16. (a) Informant Leo Kalucci

(b) Address Clinton Mo.

17. (a) Buried (b) Date thereof 9 30 46 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Permanton Cemetery

18. (a) Signature of funeral director J.P. + Son

(b) Address Clinton Mo.

19. (a) 9-28-46 (b) R.H. Kerney (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 27 year 1946 hour 11 minute A.M.

21. I hereby certify that I attended the deceased from Sept 16, 1946 to Sept 27, 1946 that I last saw her alive on Sept 27, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Pneumonia Duration 2 days

Due to _____
Due to _____
Other conditions Cancer of left breast 1 year (Include pregnancy within 3 months of death)

Major findings:

Of operations 50
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? Yes

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature D.R. Halligan D. or M.D. M.D.
Address Clinton Mo. Date signed 9/28/46

120

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

Receipt No. 7,

9-16-1986

10-3-16

Date Filed

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, by

....., Registered Apprentice No.....

working under my personal supervision.

Signed H. A. Causant

Licensed Embalmer No. 3779

P. O. Address Clinton

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.