

REC'D MAY 16 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

14303
Do not use this space.

1. PLACE OF DEATH

(a) County Cass Co
(b) Township _____
(c) City Harrisonville mo
(e) Length of residence in city or town where death occurred yrs. 1 mos. 22 ds.

Registration District No. 156
Primary Registration District No. 4090

Registered No. 23
St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(How long in U. S., if of foreign birth? yrs. mos. ds.)

2. PRINT FULL NAME Derrel Leroy Gilbert

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 22, 1938

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
1 22

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrisonville mo

FATHER 13. NAME Thomas D Gilbert

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrisonville mo

MOTHER 15. MAIDEN NAME Ella Lorean Ladd

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Aurora mo

17. INFORMANT (ADDRESS) Ella L. Ladd, mo
Harrisonville mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Orient Cem Harrisonville mo DATE April 18 1938

19. FUNERAL DIRECTOR (ADDRESS) Abraham Bros Harrisonville mo

20. FILED Apr 19 1938 G. G. G. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 14 1938

22. HEREBY CERTIFY, That I attended deceased from April 13 1938, to April 14 1938
I last saw him alive on April 14 1938 Death is said to have occurred on the date stated above, at 1-AM
The principal cause of death and related causes of importance were as follows:

Circulatory failure
acute
Other contributory causes of importance: bronchopneumonia
hypertension
hypertrophy of heart

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____
Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) Dr. A. M. Kelley, M. D.
(Address) Harrisonville mo
845

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

107a

STATEMENT BY LICENSED EMBALMER

I, Floyd Atkinson, Licensed Embalmer No. 3920

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Floyd Atkinson
Licensed Embalmer No. 3920

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

EXHIBIT A
STATE BOARD OF HEALTH
DIVISION OF HEALTH SERVICES
1000 EAST 17TH AVENUE
DENVER, COLORADO 80202
TEL: 333-3333

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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1. PLACE OF DEATH

(a) County Pass.
(b) Township
(c) City Harrisonville
(e) Length of residence in city or town where death occurred yrs. mos. ds.

Registration District No. 156
Primary Registration District No. 4090

Registered No.

(If death occurred in Hospital or Institution, write its name instead of street and number) St.

(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Devel Le Roy Gilbert St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED s
(Write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 22

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 6/9 1928 Dr. F. M. Kelley Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 14 1938

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19

I last saw h. alive on , 19 Death is said

to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Circulatory failure Date of onset
10/10
Other contributory causes of importance: acute Bronchial pneumonia
no

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) A. M. Kelley M. D.

(Address) Harrisonville Mo.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SUPPLEMENTARY

THE NATIONAL BUREAU OF INVESTIGATION
DEPARTMENT OF JUSTICE

FOR THE DIRECTOR
OF THE BUREAU

TO THE DIRECTOR
OF THE BUREAU

BY THE DIRECTOR
OF THE BUREAU

DATE