

REC'D FEB 23 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

1551

Do not use this space.

1. PLACE OF DEATH

(a) County Benton

(b) Township

(c) City Cole CampRegistration District No. 59Primary Registration District No. 4034Registered No. 3

(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

John William Gilxmore(a) Residence, No. 456 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 Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) widowed5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alice Gilxmore6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-9-18897. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
49 9 23OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. LABORER
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 occupation12. BIRTHPLACE (CITY OR TOWN) Benton Co. -
(STATE OR COUNTRY) MissouriFATHER 13. NAME Thomas Walker Gilxmore14. BIRTHPLACE (CITY OR TOWN) Missouri
(STATE OR COUNTRY)MOTHER 15. MAIDEN NAME Alice Powel16. BIRTHPLACE (CITY OR TOWN) Florence
(STATE OR COUNTRY) Missouri17. INFORMANT Lester Carpenter
(ADDRESS) Cole Camp Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Raybourne DATE 2-4-1939, 193919. FUNERAL DIRECTOR (NAME) E. E. Eickhoff
(ADDRESS) Cole Camp Mo20. FILED 2-4-39 Sue Selover
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 2nd, 193922. I HEREBY CERTIFY, That I attended deceased from Feb 2, 1939, to Feb 2nd, 1939I last saw ho alive on never, 1939. Death is said to have occurred on the date stated above, at 4:45 p.

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

I arrived to late to see him when he died suddenly, perhaps of some heart distress. I visited him Feb 2nd 1939.

Other contributory causes of importance:

Name of operation none Date of none
What test confirmed diagnosis clinical Was there an autopsy? No23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? + Date of injury Feb 2nd, 1939
Where did injury occur? Cole Camp Mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.Manner of injury none
Nature of injury none24. Was disease or injury in any way related to occupation of deceased? no
If so, specify no
(Signed) Sue Selover, M. D.
63 (Address) Cole Camp Mo

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.

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..... *E. L. Eickhoff*

Licensed Embalmer No..... *730*

P. O. Address..... *Cole Camp, Missouri.*

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, above space should be left blank.