

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 40054

Registration District No. 443

Primary Registration District No. 4261

Registrar's No. 59

1. PLACE OF DEATH: 2
(a) County Knox
(b) City or town Hurdland
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Two years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Joseph Gilmer 456
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race w
6. (a) Single, widowed, married, divorced _____
6. (b) Name of husband or wife Francis Jane Mauck
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 2 1869
(Month) (Day) (Year)

8. AGE: Years 80 Months 5 Days 10 If less than one day hr. min.

9. Birthplace Near Rutledge Mo
(City, town, or county) (State or foreign country)

10. Usual occupation merchant

11. Industry or business _____

MOTHER FATHER
12. Name James Gilmer
13. Birthplace Ohio
14. Maiden name Elizabeth Cole
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs W. H. Galtzman
(b) Address Montana

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 15 1939
(Month) (Day) (Year)
(c) Place: burial or cremation Hurdland Mo. 9007

18. (a) Signature of funeral director Geo B. Easley
(b) Address Hurdland Mo 9007

19. (a) Nov 22-39 (Date received local registrar) (b) M. E. M. Smith (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Knox
(c) City or town Hurdland and Rutledge
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 12 year 1939 hour 3 minutes 0 P. M.
21. I hereby certify that I attended the deceased from Sept 1 1939 to Oct 12 1939
that I last saw him alive on Oct 12 1939
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Esophageal Duration _____
Due to _____
Due to _____

Other conditions Bronchial Asthma
(Include pregnancy within 8 months of death)

Major findings:
Of operations _____
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?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. P. Lussan (M. D. or other) _____
Address Edwards Mo Date signed Nov 30

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

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.

RECEIVED

District Health Officer No. 10

District File Number 12-39-2034

Date Filed DEC 5 1939

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.....

Geo. B. Easley Jr

Registered Apprentice No.....

working under my personal supervision.

Signed.....

Geo. B. Easley Jr

Licensed Embalmer No. 3758

P. O. Address.....

Hurdlauf Mrs

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.