

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

FORM 1 X 16403

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.

FILED APR 3 1940

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

10031
Do not use this space.

1. PLACE OF DEATH
 (a) County Atchison Registration District No. 20
 (b) Township Jurkeo Primary Registration District No. 4014 Registered No.
 (c) City Jurkeo (d) Street No. (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (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 Silas Earl Gish
 (a) Residence, No. Jurkeo Mo 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 Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 3-1895

7. AGE YEARS 45 MONTHS 8 DAYS 22 If LESS than 1 day,hrs. ormin.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Constable
 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) Jurkeo Mo

FATHER
 13. NAME John H Gish
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jurkeo Mo

MOTHER
 15. MAIDEN NAME The Mary Mc Neal
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jurkeo Mo

17. INFORMANT (ADDRESS) Mrs J. H. Gish Jurkeo, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Jurkeo Home Cemetery Mar 28 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. M. Flour Jurkeo Mo.

20. FILED May 26 1940 Courtrough Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 25 1940

22. I HEREBY CERTIFY, That I attended deceased from March-17-, 1940, to March-25-, 1940
 I last saw alive on March 24-, 1940. Death is said to have occurred on the date stated above, at 12:10 PM
 The principal cause of death and related causes of importance were as follows:
Arterio Sclerosis Date of onset 1937
82 W
 Other contributory causes of importance:
Vertrab Hemorrhage 3-17-40

Name of operation Date of
 What test confirmed diagnosis? Clinical Was there an autopsy? No

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? No
 If so, specify
 (Signed) J. M. Flour M. D.
 (Address) Jurkeo Mo.

RECEIVED FILED AT STATE OFFICE
INDEX CARD RETURNED TO DISTRICT
DATE: APR 5 - 1946

JUN 11 1945

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.....

Jos. M. Davis
Licensed Embalmer No. *2394*

P. O. Address..... *Jackson, 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, above space should be left blank.