

FILED MAY 20 1940

0. 2
10-39
7-39
K21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

15698

State File No. _____

Registration District No. 651

Primary Registration District No. 5862

Registrar's No. 43

1. PLACE OF DEATH:

(a) County Pemiscot

(b) City or town Rural Little Prairie
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Route 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
years, months or days) 60 years

In this community _____ (Specify whether
years, months or days) 410

3. (a) PRINT FULL NAME Luther Thomas Gilbow

8. (b) If veteran, name war X 8. (c) Social Security No. X

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Nancy Bellows 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased: January 22, 1860
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>80</u>	<u>2</u>	<u>2</u>	hr. _____ min. _____

9. Birthplace New Madrid, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business Farming

MOTHER FATHER { 12. Name unknown 9

{ 13. Birthplace unknown 6
(City, town, or county) (State or foreign country)

{ 14. Maiden name unknown 7

{ 15. Birthplace unknown
(City, town, or county) (State or foreign country)

18. (a) Informant W. B. Bellows

(b) Address R-3, Osceola, Ark.

17. (a) Burial (b) Date thereof 4/26/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Caruthersville, Mo.

18. (a) Signature of funeral director La Farge, Emp. Co.

(b) Address Caruthersville, Mo.

19. (a) April 20, 1940 (b) Aeda Martin
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pemiscot

(c) City or town "Rural" Little Prairie
(If outside city or town limits, write "RURAL")

(d) Street No. Route 1, Caruthersville
(If rural, give location)

(e) If foreign born, how long in U. S. A.? X years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25
year 1940 hour 2 minute 00 A.M.

21. I hereby certify that I attended the deceased from Apr 20, 1940 to Apr 26, 1940
that I last saw him alive on Apr 24, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to _____

Due to _____

Other conditions (include pregnancy within 3 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? _____

585 (Specify type of place) _____

While at work _____ (e) Means of injury _____

23. Signature W. B. Luther (M. D. or other) _____

Address Caruthersville, Mo. Date signed 4/27/40

(Licensed Embalmer's Statement on Reverse Side)

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

5-40-60

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 _____

Not Embalmed

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.)

If this body is not embalmed, above space should be left blank.