

WHILE 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 24044

Registration District No. 527

Primary Registration District No. 5703

Registrar's No. _____

1. PLACE OF DEATH:
(a) County Macon Mo
(b) City or town Bevier Mo
(If outside city or town limits, write "RURAL" and name of township)
(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 _____ years, months or days _____

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Macon
(c) City or town Bevier
(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.? 50 years.

3. (a) PRINT FULL NAME JULIA GILBERT
8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 7 day 28 year 1940 hour 12 minute 30 A M.

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Pete Gilbert 6. (c) Age of husband or wife if alive 77 years
7. Birth date of deceased Oct 19 1865
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 1, 1940, to July 28, 1940 that I last saw her alive on July 27, 1940 and that death occurred on the date and hour stated above.

8. AGE: Years 74 Months 9 Days 9 If less than one day _____ hr. _____ min.

Immediate cause of death, Chronic myocarditis Duration 2 mo
Due to Chronic Interstitial Nephritis ?
Due to Chronic arteriosclerosis ?

9. Birthplace Belgium
(City, town, or county) (State or foreign country)

Other conditions _____ (Include pregnancy within 3 months of death)
Major findings: 171
Of operations _____
Of autopsy _____

10. Usual occupation Housewife

MOTHER FATHER
11. Industry or business _____
12. Name Joseph Roseau
13. Birthplace Belgium
(City, town, or county) (State or foreign country)
14. Maiden name Grace Bastien
15. Birthplace Belgium
(City, town, or county) (State or foreign country)

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? 470
While at work? _____ (Specify type of place) (e) Means of injury _____

16. (a) Informant's own signature Pete Gilbert
(b) Address Bevier Mo

17. (a) Burial (b) Date thereof 7-30-1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation West Oakwood

18. (a) Signature of funeral director W. E. Edward
(b) Address Bevier Mo

19. (a) 8-13-1940 (b) Eddie Simpson
(Date received local registrar) (Registrar's signature)

23. Signature Dr. E. L. ... (M.D. or other)
Address Bevier, Mo Date signed 7/28/40

RECEIVED

District Health Officer No. 10

District File Number 9-40-1721

Date Filed SFP 10 1940

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.....

H. G. Edwards

....., Registered Apprentice No.

working under my personal supervision.

Signed *H. G. Edwards*

Licensed Embalmer No. 1961

P. O. Address Brewer, 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.