

Registration District No. 625

Primary Registration District No. 3031

Registrar's No. 136

1. PLACE OF DEATH:

(a) County Madison
(b) City or town Marionville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution
335 East 2nd St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 3 yrs. years, months or days

3. (a) PRINT FULL NAME EDNA GILBERT

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 Widowed
6. (b) Name of husband or wife Samuel Gilbert 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Jan 2 1877
(Month) (Day) (Year)

8. AGE: Years 63 Months 9 Days 9 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housekeeper

11. Industry or business _____

MOTHER FATHER
12. Name: W. W. Knight
13. Birthplace Indiana
(City, town, or county) (State or foreign country)
14. Maiden name: Elizabeth Hatkaway
15. Birthplace Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. L. Rhipps
(b) Address Marionville, Mo.
17. (a) Burial (b) Date thereof 10-15-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Middleburg Cemetery

18. (a) Signature of funeral director W. C. Stangle
(b) Address Grant City, Mo.
19. (a) Oct 19-40 (b) Mamie E. Clardy
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County North
(c) City or town Grant City Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 11
year 1940 hour 6 minute 30 P. M.

21. I hereby certify that I attended the deceased from Oct 10
1940, to Oct 11, 1940
that I last saw her alive on 10-11, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Acute myocarditis Duration
congestion of lungs 10-10-40

Due to _____
Due to _____

Other conditions Chc Cholecystitis
(Include pregnancy within 3 months of death)

Major findings: Of operations no 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? 556
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Don Boyles (M. D. or other) _____
Address Marionville Mo Date signed _____

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

FILED OCT 11 1940

417 E 1st

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.....

Arch C. Dangle

Licensed Embalmer No.....

3252

P. O. Address.....

Grant City, Mo

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.