

No. 2
13-40
17-39

JAN 23 1941

Registration District No. **40**

Primary Registration District No. **4024**

Registrar's No. **56**

1. PLACE OF DEATH:

(a) County **Barton**
(b) City or town **Lamar**
(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 **39 yrs**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Barton**
(c) City or town **Lamar**
(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.

3. (a) PRINT FULL NAME **Celestia Diana Gelwicks**

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **Separate**
6. (b) Name of husband or wife **Geo. W. Gelwicks** 6. (c) Age of husband or wife if alive **84** years
7. Birth date of deceased **March 26th, 1862**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
78 --- **8** - **18** hr. min.

9. Birthplace **Streator, Ill**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **Austin Mitchell**

13. Birthplace **Indiana**
(City, town, or county) (State or foreign country)

14. Maiden name **Sarah Smith**

15. Birthplace **Cincinnati, Ohio**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Birdie Bloom**

(b) Address **Lamar, MO.**

17. (a) **Burial** (b) Date thereof **12-17-40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lake Cemetery**

18. (a) Signature of funeral director **Korantz Funeral Home**

(b) Address **Lamar, MO.**

19. (a) **Dec-17-40** (b) **Mrs. Josephine Mynatt**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **14th**
year **1940** hour **12** minute **20 P.M.**

21. I hereby certify that I attended the deceased from **Dec. 13**
19**40** to **Dec. 14**, 19**40**
that I last saw h**W** alive on **Dec. 14, 1940**, 19**40**;
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial Infarction**

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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? **40**

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

Signature **Thos. F. Mellen** (M. D. or other) _____

Address **Lamar, Mo.** Date signed **12/16/40**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 6,

District File Number 141-51

Date Filed JAN 8 1917

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.....

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, fact should be so stated above.