

No. 2
-13-40
17-39
K23159

FILED FEB 14 1941 STANDARD CERTIFICATE OF DEATH

State File No. 2324

Registration District No. 213

Primary Registration District No. 3014

Registrar's No. 9

76
5
4
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County. Cole

(b) City or town. Jefferson City
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution. _____ (Specify whether _____)

In this community. 2 years
years, months or days

3. (a) PRINT FULL NAME John Payne Gilbert

3. (b) If veteran, name war. _____ 3. (c) Social Security No. 496-14-1557

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife. _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased August 27 1921
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>19</u>	<u>4</u>	<u>13</u>	hr. _____ min. _____

9. Birthplace Moriarty, New Mexico
(City, town, or county) (State or foreign country)

10. Usual occupation Grocery Clerk

11. Industry or business " "

12. Name Robert V. Gilbert

13. Birthplace Portland, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Ellen Payne Gilbert

15. Birthplace Reform, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Robert V. Gilbert

(b) Address Jefferson City, Missouri

17. (a) Burial (b) Date thereof Jan-11-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Arkansas, Missouri

18. (a) Signature of funeral director Thos E. Gordon

(b) Address Jefferson City, Missouri

19. (a) 1-10-41 (b) John Payne Gilbert
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole

(c) City or town. Jefferson City, Missouri
(If outside city or town limits, write "RURAL")

(d) Street No. 302 Bolivar Street
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 9th year 1941 Hour Three minute Twenty A.M.

21. I hereby certify that I attended the deceased from January 6th, 1941, to January 9th, 1941; that I last saw h. alive on January 9th, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia Duration 2 days

Due to Influenza 5 days

Due to _____

Other conditions. grippe
(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? ✓

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

23. Signature Paul E. Johnson (M. D. or other) D.O.
Address Jefferson City, Mo Date signed 1/10/41

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

Thos J Gordon

Licensed Embalmer No. *1786*

P. O. Address *Jefferson City 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, fact should be so stated above.