DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6443

Registration District No. 89 — Primary Registration District No. 5134 A — Registrar's No. 113

1. PLACE OF DEATH:
(a) County: Butler
(b) City or town: Rural- Ash Hill Township
(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 years, months or days) In this community ____

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Butler
(c) City or town: Rural, (If outside city or town limits, write "RURAL")
(d) Street No.: Broseley, RFD 1 (If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: Charles Eugene Gilbert
3. (b) If veteran, name war ____
3. (c) Social Security No. ____
4. Sex: male
5. Color or race: white
6. (a) Single, widowed, married, divorced: ()
6. (b) Name of husband or wife ____
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased: August (Month) 27 (Day), 1938 (Year)
8. AGE: Years 2 Months 6 Days 8 — If less than one day ____ hr. ____ min.
9. Birthplace: Butler County, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation ____
11. Industry or business ____
12. FATHER Name: A.C.Gilbert
13. FATHER Birthplace: St.Francis, Arkansas (City, town, or county) (State or foreign country)
14. MOTHER Maiden name: Lillian Aldrich
15. MOTHER Birthplace: White Oak, Missouri (City, town, or county) (State or foreign country)
16. (a) Informant's own signature: A.C.Gilbert
(b) Address: Broseley, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: March 5, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation: Ash Hill Cemetary
18. (a) Signature of funeral director: Marshall L. Sharon
(b) Address: Fisk, Missouri
19. (a) 3/5/41 (Date received local registrar) (b) Kate Lutz (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 5 year 1941 hour 12 30 minute A M.
21. I hereby certify that I attended the deceased from 3-4-, 1941, to 3-5-, 1941; that I last saw him alive on 3-4-, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Enterocolitis	2 weeks
with diarrhea	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy: none	

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? ____ (Specify type of place)
While at work? ____ (e) Means of injury ____
23. Signature: A.F. Brookman M.D. (M. D. or other)
Address: Poplar Bluff Date signed: 3-5-41

(Licensed Embalmer's Statement on Reverse Side)

WRITE 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.

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 with the above constitutes grounds for revocation of license.)

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