

No. 2  
13-40  
17-39  
X2315

FILED MAR 17 1941  
Registration District No. 448

Primary Registration District No. 5608

Registrar's No. 9

1. PLACE OF DEATH:

(a) County Laclede

(b) City or town Conway, no Union Imp Road  
(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 \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Laclede 53

(c) City or town Rural Union Imp Conway mo  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location) 0

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

3. (a) PRINT FULL NAME Aoy Ellen Gilpin

3. (b) If veteran, \_\_\_\_\_ (c) Social Security \_\_\_\_\_  
name war \_\_\_\_\_ NO.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 17  
year 1941 hour 10 minute 15 AM.

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

6. (b) Name of husband or wife Edgar Gilpin 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased Sept 16 1867  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 2-8, 1941, to 2-17, 1941;  
that I last saw her alive on 2-17, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Illis colitis

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>5</u>	<u>1</u>	hr. _____ min. _____

Due to Influenza

9. Birthplace Colo Co mo (City, town, or county) (State or foreign country) 0

Due to \_\_\_\_\_

10. Usual occupation Housewife

Other conditions (Include pregnancy within 3 months of death) 53

11. Industry or business \_\_\_\_\_

12. Name Elisha Dawson

Major findings: Of operations \_\_\_\_\_

13. Birthplace Ky (City, town, or county) (State or foreign country) 1

Of autopsy \_\_\_\_\_

14. Maiden name Elizabeth Scriver

15. Birthplace mo (City, town, or county) (State or foreign country) 0

16. (a) Informant Virgil & Ben Gilpin

(b) Address Conway mo

17. (a) burial (b) Date thereof Feb 18 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Baptist Cemetery

18. (a) Signature of funeral director W. E. Helman

(b) Address Lebanon mo

19. (a) 2-6-41 (b) Grace Price  
(Date received local registrar) (Registrar's signature)

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? \_\_\_\_\_

407 (Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature J. W. Hendley (M. D. or other) MD  
Address Conway Date signed 2-11-41

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

RECEIVED

District Health Officer No. 7,  
District File Number 3-41-001  
Date Filed 3-10-41

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.....

.....  
working under my personal supervision.

*Myself*

....., Registered Apprentice No.....

Signed.....

*W.E. Holman*

Licensed Embalmer No.....

*4107*

P. O. Address.....

*Lebanon 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.