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5-17-39
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FILED JUN 16 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18038

Registration District No. 398

Primary Registration District No. 5554

Registrar's No. 129

1. PLACE OF DEATH

(a) County Jackson

(b) City or town Rural - Blue
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
11444 E. 15th St. 1
(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) 2.5 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Independence (Rural)
(If outside city or town limits, write "RURAL")

(d) Street No. 11444 E. 15th St
(If rural, give location)

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

3. (a) PRINT FULL NAME Kimball Claude Gilbert

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12
year 1941 hour 09 minute 30 P.M.

21. I hereby certify that I attended the deceased from _____, 1939, to May 12 (12), 1941;

4. Sex Male 5. Color or race whit

6. (a) Single, widowed, married, divorced married

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

7. Birth date of deceased Apr. 11, 1885
(Month) (Day) (Year)

that I last saw him alive on May 9, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis ^{Duration 3-4 yrs}
Coronary occlusion - unknown.

8. AGE: Years Months Days If less than one day

56 1 1 hr. min.

Due to _____

Due to _____

Other conditions none (Include pregnancy within 3 months of death)

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

10. Usual occupation Filling Sta. operator

Major findings:
Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name Waver Gilbert

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

14. Maiden name Flora McElroy

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

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? _____

16. (a) Informant Mrs. Lela Gilbert

(b) Address 11444 E. 15th St.

17. (a) Burial (b) Date thereof 5/15/1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem. Co. Mo.

While at work? _____ (Specify type of place)

(a) Means of injury _____

23. Signature Charles Jackson (M. D. or other) _____

Address Independence Mo. Date signed 5/13/41

18. (a) Signature of funeral director Watts & Sparks

(b) Address Independence, Mo.

19. (a) May 11, 1941 (b) F. L. Cook
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

48
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APR 9 1945

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed Roland S. Jenks
Licensed Embalmer No. 3604
P. O. Address Independence, 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.