

FILED JUL 18 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

22235

State File No. _____

Registration District No. 591

Primary Registration District No. 4449

Registrar's No. 7

1. PLACE OF DEATH: Montgomery
 (a) County Montgomery
 (b) City or town Middletown
 (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 23 years
 years, months or days

2. USUAL RESIDENCE OF DECEASED: 70
 (a) State Mo. (b) County Montgomery
 (c) City or town Middletown
 (If outside city or town limits, write "RURAL")
 (d) Street No. 0
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULLNAME Samuel 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 Married

6. (b) Name of husband or wife Amelia Slovens 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased Jan 1 1879
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>92</u>	<u>5</u>	<u>25</u>	_____ hr. _____ min.

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

10. Usual occupation Railroad work

11. Industry or business _____

12. Name Not known

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

14. Maiden name Not known

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

16. (a) Informant Amelia Gilbert

(b) Address Middletown Mo.

17. (a) Burial (b) Date thereof June 28 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Middletown

18. (a) Signature of funeral director Pritchett / Kubne

(b) Address Middletown

19. (a) June 28 1941 (b) Leah Riggs
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month June day 26th
 year 1941 hour 4 minute 0 P. M.

21. I hereby certify that I attended the deceased from Sept. 1938 to June 26 1941
 that I last saw him alive on June 20 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Sclerosis

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? _____

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

23. Signature E. David (M. D. or other) M.D.
Address Middletown Mo. Date signed 6/26/41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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:

Clifford C. Kuhne

Licensed Embalmer No.

3059

P. O. Address

Wellsville 7

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.