

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

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41
7-39
K26390

ISSUED JUL 19 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

22423

State File No. _____

Registration District No. 689

Primary Registration District No. 3033

Registrar's No. _____

1. PLACE OF DEATH

(a) County Pike

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

(c) Name of hospital or institution:
411 Nebraska St.
(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)

3. (a) PRINT FULL NAME Mrs Martha Sledd Gilchrist

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 5. Color or race white

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

6. (b) Name of husband or wife Jas Sledd & Gilchrist 6. (c) Age of husband or wife if alive years

7. Birth date of deceased: July 9 1854
(Month) (Day) (Year)

8. AGE: Years 86 Months 10 Days 11 If less than one day: hr. _____ min. _____

9. Birthplace Big Island Va
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business Home

12. Name Paul Penn

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

14. Maiden name Martha Hobson

15. Birthplace 1 Va
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Austin Norvell

(b) Address RFD Louisiana Mo

17. (a) Burial (b) Date thereof 6/22-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Riverside Louisiana Mo

18. (a) Signature of funeral director Peterson

(b) Address Louisiana Mo 620

19. (a) 6/22/41 (b) Peterson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pike 82

(c) City or town Louisiana 9
(If outside city or town limits, write "RURAL")

(d) Street No. 511 Neb 1
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____ 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 20
year 1941 hour 7 minute 50P M.

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

Immediate cause of death: apoplexy 3 days
Duration

Due to arterio sclerosis

Due to senility

Other conditions: 82W

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 M Pearson M. D. or other _____

Address Louisiana Mo Date signed 6/21/41

RECEIVED

District Health Officer No. 10

District File Number 7-41-1402

Date Filed JUL 16 1941

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.

George O. Wagner

Registered Apprentice No.

Signed.....

George O. Wagner

Licensed Embalmer No.

3773

P. O. Address.....

Louisiana, La

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.