

FILED SEP 11 1941

Registration District No. 203

Primary Registration District No. 4122

Registrar's No. 203 22

1. PLACE OF DEATH:

(a) County Jackson Clay

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

(c) Name of hospital or institution: Smithville Hospital
(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)

3. (a) PRINT FULL NAME Joseph Gilbert

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 21 1891
(Month) (Day) (Year)

8. AGE: Years 50 Months 5 Days 6 If less than one day _____ hr. _____ min.

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

10. Usual occupation farmer

11. Industry or business _____

12. Name Charles Gilbert

13. Birthplace no record
(City, town, or county) (State or foreign country)

14. Maiden name Ellie Reber

15. Birthplace no record
(City, town, or county) (State or foreign country)

16. (a) Informant J. C. Gilbert

(b) Address Ribley, Mo.

17. (a) Burial (b) Date thereof Aug 23 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ribley Cem

18. (a) Signature of funeral director George P. Barron

(b) Address Independence, Mo

19. (a) 8-23-41 (b) Lula S. Ray
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson ^{04?}

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

(d) Street No. Rural
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 22
year 1941 hour 4 minute 20 p. M.

21. I hereby certify that I attended the deceased from 8-20 1941 to 8-22 1941
that I last saw him alive on 8-22-41
and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes Mellitus and
Diabetic Coma
Due to 3 Carbuncles

Due to _____

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

Major findings: none
Of operations _____
Of autopsy none

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? _____

23. Signature Leonard Wilson (M. D. or other) D
Address Smithville, Mo Date signed 8-22-41

Duration _____ years _____ days

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 7-8-6

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 Alan Owens
working under my personal supervision.

Signed L. M. Kirk
Registered Apprentice No. 283
Licensed Embalmer No. 156
P. O. Address Indep Mo

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.