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K23139

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

FIFTH FEB 18 1942  
Registration District No. 8 142

Primary Registration District No. 6123

1. PLACE OF DEATH:  
 (a) County Sullivan  
 (b) City or town Rural Buchanan Township  
(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 50 years  
years, months or days

3. (a) PRINT FULL NAME William Milton Gifford  
 (b) If veteran, name war K  
 (c) Social Security No. ✓

4. Sex M 5. Color or race W  
 6. (a) Single, widowed, married, divorced 2 Widowed  
 6. (b) Name of husband or wife Cinderella  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased March 15 1860  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
81 10 7 hr. min.

9. Birthplace Taylorville Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer  
 11. Industry or business Retired Farmer

MOTHER FATHER { 12. Name George Gifford  
 13. Birthplace Don't know Indiana  
(City, town, or county) (State or foreign country)  
 14. Maiden name Rebecca Kelly  
 15. Birthplace Don't know Tennessee  
(City, town, or county) (State or foreign country)

16. (a) Informant Other Walker  
 (b) Address Green City Mo  
 17. (a) Burial (b) Date thereof Jan. 24, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Green City Cemetery

18. (a) Signature of funeral director Alex E. Kent & Son  
 (b) Address Green City Mo  
 19. (a) Jan 3 1942 (b) Shirley W. Bear  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Sullivan 105  
 (c) City or town Rural 5  
(If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 22  
 year 1942 hour 12:15 minute P M.  
 21. I hereby certify that I attended the deceased from NOV 10, 1941, to JAN 22, 1942  
 that I last saw him alive on JAN 21, 1942  
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage  
 Due to Hypertension  
 Due to \_\_\_\_\_  
 Other conditions 83a!  
(Include pregnancy within 3 months of death)  
 Major findings: Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

Physician  
 Duration  
 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? \_\_\_\_\_

23. Signature K. E. Dehner (M-D or other) 6  
 Address Green City Mo Date signed 1-24-42  
(Specify type of place) (e) Means of injury

RECEIVED

District Health Officer No. 10

District File Number 2-42-245

Date Filed FEB 12 1942

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 Archie W. Wade

Licensed Embalmer No. 3037

P. O. Address Green City 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.