

FILED APR 9 1942

Registration District No.

Primary Registration District No. 5100B

Registrar's No. 2

1. PLACE OF DEATH:

(a) County Boone
(b) City or town Rural Cedar
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3 Miles Northwest of Hartsburg Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community Life (Specify whether years, months or days) 1

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Boone
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 3 Miles Northwest of Hartsburg Mo.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME

Procy Gilpen

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 Willie Gilpen
6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased July 10 1896
(Month) (Day) (Year)

8. AGE: Years 45 Months 8 Days 12 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

12. Name Israel Gilpen
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Fama Cunningham
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Willie Gilpen

(b) Address Hartsburg Mo.

17. (a) Burial (b) Date thereof 3/24/1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Nashville Cent.

18. (a) Signature of funeral director E. L. Burnett

(b) Address Ashland Mo.

19. (a) 3-24-42 (b) N. G. Meyer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22
year 1942 hour 12 minute 30 A.M.

21. I hereby certify that I attended the deceased from 19..... to 19.....
that I last saw him alive on 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death Heart failure Duration
Med. before medical
aid arrived.
Due to History of attack of
Influenza no physician
attended to him

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations 330
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 W. P. Megee (M. D. or other)
Address Hartsburg Mo. Date signed 3/24/42

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

710
000

MOTHER FATHER

MAY 5 1942

APR 9 1942

AA 119

[Faint handwritten notes, possibly "I hereby certify..."]

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 Wm C Burnett

Licensed Embalmer No. 3564

P. O. Address Ashland Md

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.