. S. No. 2
M—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 5 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

14887

State File No. _____

Registration District No. 52 Primary Registration District No. 5703 Registrar's No. 4

1. PLACE OF DEATH:

(a) County: MACON

(b) City or town: SOUTH EAST BEVIER
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: —
(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)
In this community: 78 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State: MISSOURI (b) County: MACON

(c) City or town: SOUTH EAST BEVIER
(If outside city or town limits, write "RURAL")

(d) Street No.: —
(If rural, give location)

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

3. (a) PRINT FULL NAME: WILLIAM PETER GILSTRAP

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: WIDOWED

6. (b) Name of husband or wife: LOUVENIA GILSTRAP

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

7. Birth date of deceased: AUGUST (Month) 17 (Day) 1863 (Year)

8. AGE:

Years	Months	Days	If less than one day
78	8	7	— hr. — min.

9. Birthplace: MACON COUNTY (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation: FARMER

11. Industry or business: FARMING

FATHER
12. Name: TERRY GILSTRAP
13. Birthplace: UNKNOWN (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: SOPRONA PHIPPS
15. Birthplace: UNKNOWN (City, town, or county) (State or foreign country)

16. (a) Informant: MR. BERTIE GILSTRAP
(b) Address: SOUTH EAST BEVIER

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: 4-26-42 (Month) (Day) (Year)
(c) Place: burial or cremation: WEST OAKWOOD CEMETARY

18. (a) Signature of funeral director: D. J. Edwards
(b) Address: Bevier Mo

19. (a) 4-30-42 (Date received local registrar) (b) Mrs Tom Batt (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 24th year 1942 hour ____ minute ____ M.

21. I hereby certify that I attended the deceased from April 17, 1942, to April 23, 1942, that I last saw him alive on April 23, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Arteriosclerotic Heart Disease	3 months
Due to	
Due to 94 a	
Other conditions (Include pregnancy within 3 months of death)	
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature: G. L. Wunderlich (M. D. or other) D.O.
Address: Callao Mo Date signed 4/25/42

1052 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 5-42-901
Date Filed MAY 6 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 W. T. Edwards

Licensed Embalmer No. 1961

P. O. Address Bowie 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.