

FILED JUN 18 1942

Registration District No. 26

Primary Registration District No. 18957

Registrar's No. 525

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town Rural, Washington  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
R.F.D. # 4, St. Joseph, Mo.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community 81 yrs. 5 mos. 18 days  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Buehanan  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. R.F.D. # 4, St. Joseph, Mo.  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Belle A. Gilpin,

3. (b) If veteran, name war None, 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife William Heyburn Gilpin, alive 6. (c) Age of husband or wife if \_\_\_\_\_ years

7. Birth date of deceased December 5th, 1960  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
81 5 18 hr. min.

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

10. Usual occupation At Home

11. Industry or business \_\_\_\_\_

12. Name George Sampson Karns,

13. Birthplace Unknown, Virginia  
(City, town, or county) (State or foreign country)

14. Maiden name Matilda Watson,

15. Birthplace Unknown, Indiana  
(City, town, or county) (State or foreign country)

16. (a) Informant John Earl Gilpin

(b) Address R.F.D. # 4, St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/25/42  
(Month) (Day) (Year)

(c) Place: burial or cremation Ebenezer Cemetery,

18. (a) Signature of funeral director M. Eaton - Beale & Bauman Funeral Home

(b) Address 319 So. 10th. Str., St. Joseph, Mo.

19. (a) 5-25-42 (Date received local registrar) (b) Rae Herzog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23rd,  
year 1942 hour 10:00 minute 40 a.m.

21. I hereby certify that I attended the deceased from April 22 1942 to May 23rd 1942  
that I last saw h-e-r alive on May 22nd 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Influenza Duration 1 mo.  
Due to mitral insufficiency 10 yrs.

Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death) 33a

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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 G. J. Kimball (M. D. or other) \_\_\_\_\_  
Address Easton, Mo Date signed 5/24/42

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

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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 5-23-42

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed W. E. Summerfield

Licensed Embalmer No. 3807

P. O. Address 319 So. St. Joseph 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.