

FILED JUL 17 1942
Registration District No. **333**

Primary Registration District No. **5713**

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

1. PLACE OF DEATH:

(a) County **Macou**
(b) City or town **Healdson Twp.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Hill Brothers Osteopathic San D**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **six days**
In this community **20 years**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Lewis 56**
(c) City or town **La Belle 2**
(If outside city or town limits, write "RURAL") **0**
(d) Street No. **None**
(If rural, give location)
(e) Citizen of foreign country? **no** / (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **Clarence C. 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 **Married**
6. (b) Name of husband or wife **Lura B Gilbert** 6. (c) Age of husband or wife if alive **37 years**
7. Birth date of deceased **Mar 13 - 1885**
(Month) (Day) (Year)

8. AGE: Years **57** Months **3** Days **9** If less than one day hr. min.

9. Birthplace **Monticello Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **Interior Decorator**

11. Industry or business

12. Name **Jas. H. Gilbert**

13. Birthplace **Monticello Mo**
(City, town, or county) (State or foreign country)

14. Maiden name **Lura Ann Wilson**

15. Birthplace **Monticello Mo**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Lura B Gilbert**

(b) Address **La Belle Mo**

17. (a) **removal** (b) Date thereof **June 24-42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Monticello Mo**

18. (a) Signature of funeral director **Alton Skinner**

(b) Address **Macou Mo**

19. (a) **7/7/42** (b) **Lura B Gilbert**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **22nd**
year **1942** hour **6** minute **10** A. M.

21. I hereby certify that I attended the deceased from **June 16**
19**42** to **June 22**, 19**42**
that I last saw him alive on **June 20**, 19**42**
and that death occurred on the date and hour stated above.

Immediate cause of death **arterio sclerosis and chronic interstitial nephritis**
Duration **acute 2 months**

Due to

Due to

Due to

Other conditions **1310**

(Include pregnancy within 3 months of death)

Major findings:

Of operations **None**

Of autopsy **None**

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? **Altho** (Specify type of place) (e) Means of injury

23. Signature **Altho** (M. D. or other **D.O.**)

Address **Macou Mo** Date signed **June 22 - 1942**

