

No. 2
4-13-40
5-17-39
I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 15 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

21896

State File No. _____

Registration District No. 625 Primary Registration District No. 3031 Registrar's No. 95

1. PLACE OF DEATH: Nodaway
(a) County _____
(b) City or town Maryville City
(c) Name of hospital or institution: St. Francis Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days
In this community Life
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Charles Orus Gilbert
(b) If veteran, name war _____ (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 Dorothy Gilbert
6. (c) Age of husband or wife if alive 26 years
7. Birth date of deceased July 28 1914
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>27</u>	<u>11</u>	<u>5</u>	_____ hr. _____ min.

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

10. Usual occupation Labor on Farm

11. Industry or business _____

MOTHER { 12. Name Emmett Gilbert
13. Birthplace Lee County Vir.
14. Maiden name Rose Wilder
15. Birthplace Lee County Vir.

FATHER { 12. Name Emmett Gilbert
13. Birthplace Lee County Vir.
14. Maiden name Rose Wilder
15. Birthplace Lee County Vir.

16. (a) Informant Dorothy Gilbert
(b) Address Hopkins Mo.
17. (a) Burial (b) Date thereof July 5 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation: Bolckow Mo.

18. (a) Signature of funeral director Stanley Swanson
(b) Address Hopkins Mo.
19. (a) July 4 1942 (b) Mary Cole
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Nodaway
(c) City or town Hopkins Rural
(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 July day 3
year 1942 hour 7 minute 05 A. M.

21. I hereby certify that I attended the deceased from 6/29 1942 to 7/3 1942
that I last saw him alive on 7/2/42 and that death occurred on the date and hour stated above.

Immediate cause of death Sepsis
Due to Mastoid suppuration

Due to _____
Other conditions (Includes pregnancy within 3 months of death) _____

Major findings: 24a
Of operations _____
Of autopsy _____

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. J. King M. D. or other _____
Address Hopkins Date signed 7/3/42

Duration 3 days
1 w/6
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

4
-
2

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 *Stanley Swanson*
Licensed Embalmer No. *3963*
P. O. Address *Hopkins 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.