

FILED AUG 17 1942  
Registration District No. 880

Primary Registration District No. 6158

Registrar's No. 13

1. PLACE OF DEATH:

(a) County Vernon

(b) City or town Rural - Walker Twp  
(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 \_\_\_\_\_)

In this community \_\_\_\_\_ (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Vernon

(c) City or town Rural  
(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, page country \_\_\_\_\_

3. (a) PRINT FULL NAME OLIVIA ZELHART

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25  
year 1942 hour 7 minute 30 A.M.

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife Frank Gelbert

6. (c) Age of husband or wife if alive 71 years 81-7-1858

7. Birth date of deceased (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept 1 1941 to July 25 1942  
that I last saw him alive on July 24 1942  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>84</u>	<u>1</u>	<u>24</u>	hr. _____ min. _____

Immediate cause of death Carcinoma of Intestine

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

10. Usual occupation Housewife

Other conditions (Include pregnancy within 3 months of death) H6

Major findings: C. B. Davis

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

MOTHER FATHER

12. Name David Beesley

13. Birthplace Ind \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

14. Maiden name Elizabeth \_\_\_\_\_ (State or foreign country)

15. Birthplace Ind \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs J. E. King

(b) Address P. 2 Walker Missouri

17. (a) Burial (b) Date thereof 7-27-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Pleasant

18. (a) Signature of funeral director Swinn-Silver

(b) Address 2400 Colorado Springs Mo

19. (a) 7-31-42 (b) Walker  
(Date received local registrar) (Registrar's signature)

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 C. B. Davis (M. D. or other) \_\_\_\_\_  
Address Walker Mo Date signed 7/27/42

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

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*Missouri*

*Vermon - Walker Top*

RECEIVED

District Health Officer No. 7, *Missouri*

District File Number *8-42-916*

Date Filed *8-12-92*

*82817-18*

*43 1 H D*

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 *M. D. Gurner*

Licensed Embalmer No. *2350*

P.O. Address *Edwards Spgs. 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.