

FILED JAN 11 1943

Registration District No. \_\_\_\_\_

Primary Registration District No. 5378

Registrar's No. 69

32  
0

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

1. PLACE OF DEATH:

(a) County DeKalb

(b) City or town King City Mo  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1 Park Inn  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 66 yrs.  
(Specify whether years, months or days)

In this community \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County DeKalb

(c) City or town King City Mo  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Laurinda Lee Gilbert

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

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 13  
year 1942 hour 5 minute P. M.

4. Sex F

5. Color or race 1. Ccc

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

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: 11 (Month) 13 (Day) 1860 (Year)

21. I hereby certify that I attended the deceased from September 1942 to December 9 1942  
that I last saw her alive on December 9 1942  
and that death occurred on the date and hour stated above.

8. AGE: Years 82 Months 1 Days 0  
If less than one day \_\_\_\_\_ hr \_\_\_\_\_ min.

Immediate cause of death Carcinoma of stomach

Duration 8 yrs?

9. Birthplace Wayne Co Ohio  
(City, town, or county) (State or local in country)

10. Usual occupation housework

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

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

Other conditions (include pregnancy within 3 months of death) H6 b

MOTHER FATHER

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

12. Name John W. Crawford

13. Birthplace \_\_\_\_\_

14. Maiden name Mary Harsh

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

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

Major findings: \_\_\_\_\_

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

Of autopsy None

16. (a) Informant Mrs. W. B. Overman

(b) Address King City Mo

17. (a) burial (b) Date thereof 12-15-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation King City Mo

18. (a) Signature of funeral director R. W. Taggart

(b) Address King City Mo

19. (a) 12-24-42 (b) C. H. Ungley  
(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)

Means of injury \_\_\_\_\_

23. Signature Arthur E. Redburn (M. D. or other) Mo

Address King City Mo Date signed 12/14/42

**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 *R. G. Taggart*.....

Licensed Embalmer No. *2563*.....

P. O. Address.....

**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.)**

*5-11-63* If this body is not embalmed, fact should be so stated above.