

V. S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 25 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 14

Registration District No. 209 Primary Registration District No. 3043

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

1. PLACE OF DEATH:
(a) County Marion
(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Levering Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Day (Specify whether
In this community 4 Months (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Marion
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. Monroe City, R.F.D. 4 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Fredrick William Gulick
3. (b) If veteran, name war None 3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 16th
year 1943 hour 8 minute 30A. M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife Bell C. 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased December 6 1859
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov 20, 1938 to JAN 16, 1943
that I last saw h. IM alive on JULY 31, 1942
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>83</u>	<u>I</u>	<u>10</u>	hr. _____ min.

Immediate cause of death CHRONIC NEPHRITIS
Due to _____
Due to _____
Other conditions SENILITY
(Include pregnancy within 3 months of death)

9. Birthplace Brooklyn New York
(City, town, or county) (State or foreign country)
10. Usual occupation Farmer (Retired) 14 Year

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN
Underline the cause to which death should be charged statistically.

11. Industry or business _____
12. Name Dont Know (Orphaned)
13. Birthplace D.K.
(City, town, or county) (State or foreign country)
14. Maiden name D.K.
15. Birthplace D.K.
(City, town, or county) (State or foreign country)

16. (a) Informant Charles P. Pealus
(b) Address Monroe City, Mo
17. (a) Burial (b) Date thereof Jan 18/43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation I.O.O.F. Hunnewell; Mo
18. (a) Signature of funeral director Wilson & Sons
(b) Address Monroe City, Mo
19. (a) 1-18-43 (b) P. W. Connor
(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 John H. Harts (M. D. or other)
Address Monroe City, Mo Date signed 1/16/43

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 *By me*
....., Registered Apprentice No.....
working under my personal supervision.

Signed *Leslie L. Wilson*
.....

Licensed Embalmer No. *3014*
.....

P. O. Address *Monroe City, 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.