

No. 2  
-1-4-41  
-5-17-39  
X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED MAY 20 1943

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

13712

State File No. \_\_\_\_\_  
Registrar's No. 507

Registration District No. 42 Primary Registration District No. 1001/000

1. PLACE OF DEATH:  
(a) County BUCHANAN  
(b) City or town ST. JOSEPH  
(c) Name of hospital or institution: State Hospital no 2  
(d) Length of stay: In hospital or institution 16 years 17 days  
In this community 16 years 17 days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Andrew  
(c) City or town Hopkins  
(d) Street No. \_\_\_\_\_  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Frank Gilbert  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month April day 2 year 1943 hour 12:15 minute P. M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased December 29 1909

21. I hereby certify that I attended the deceased from January 28 1943 to April 2 1943; that I last saw him alive on April 2 1943; and that death occurred on the date and hour stated above.

8. AGE: Years 33 Months 3 Days 3 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death: Tuberculosis Chronic Inyo. Condition  
Due to influenza

9. Birthplace Unknown Missouri  
10. Usual occupation Farmer

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

11. Industry or business \_\_\_\_\_  
12. Name E. L. Gilbert  
13. Birthplace Unknown Unknown  
14. Maiden name Rosa Gilbert  
15. Birthplace Unknown Unknown

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

16. (a) Informant Records, State Hosp # 2  
(b) Address St. Joseph, Missouri  
17. (a) Renewal (Burial, cremation, or removal) \_\_\_\_\_ (b) Date thereof Apr 5-1943  
(c) Place: burial or cremation Bolckow, Mo  
18. (a) Signature of funeral director Stanley Swanson  
(b) Address Hopkins, Mo  
19. (a) 4-5-43 (Date received local registrar) (b) Rose Hergas (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? \_\_\_\_\_  
(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. Perry (M. D.)  
Address State Hosp # 2 Date signed 4-2-43

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

MOTHER FATHER

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

12.33

(Licensed Embalmer's Statement on Reverse Side)

St. Joseph, Mo.

**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. *myself*

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.**