

Registration District No. 232

Primary Registration District No. 4347

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Montgomery
(b) City or town Middletown
(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 27 yr years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montgomery
(c) City or town Middletown
(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 Mary Amelia Gilbert

3. (b) If veteran, name war _____ (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife Samuel Gilbert 6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased Aug 24 1868 (Month) (Day) (Year)

8. AGE: Years 24 Months 10 Days 1 If less than one day _____ hr. _____ min.

9. Birthplace Lincoln Co MO (City, town, or county) (State or foreign country)

10. Usual occupation Home wife

11. Industry or business _____

MOTHER FATHER { 12. Name William Stevens
13. Birthplace Middletown MO (City, town, or county) (State or foreign country)
14. Maiden name Marion Allen
15. Birthplace Lincoln Co MO (City, town, or county) (State or foreign country)

16. (a) Informant Leona M Taylor
(b) Address Elshurst MO

17. (a) Buried (Burial, cremation, or removal) (b) Date thereof June 28 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Middletown MO

18. (a) Signature of funeral director Putney - Kabe

(b) Address Middletown MO

19. (a) June 26 (Date received local registrar) (b) Mrs. Derella Holt (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28th year 1943 hour 30 minute PM

21. I hereby certify that I attended the deceased from Apr 5 to June 25 1943
that I last saw him alive on June 25 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Stroke - cerebral coma

Due to Chronic Interstitial Nephritis

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 13/a

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 D

23. Signature Art Smith (M. D. or other) M.D.

Address Middletown MO Date signed 6/26/43

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

7000

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.....

Licensed Embalmer No.....

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.)

If this body is not embalmed, fact should be so stated above.