S. No. 2
DM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED FEB 9 1944

State File No. 2105

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 110

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St Joseph (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St. Joseph's Hospital 0 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 weeks (Specify whether
In this community 2 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph (If outside city or town limits, write "RURAL")
(d) Street No. 4629 King Hill Ave. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Ada Beatrice Gilman

3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife None
6. (c) Age of husband or wife if alive years

7. Birth date of deceased January (Month) 5, (Day) 1882 (Year)

8. AGE: Years 62 Months 0 Days 12 If less than one day hr. min.

9. Birthplace Rushville, Missouri (City, town, or county) 0 (State or foreign country)
10. Usual occupation Housekeeper
11. Industry or business Self

FATHER
12. Name Henry Gilman
13. Birthplace England (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Polly Anna Watson
15. Birthplace Rushville, Missouri (City, town, or county) 0 (State or foreign country)

16. (a) Informant Sula Fenton (Niece)
(b) Address 4629 King Hill Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/19/44 (Month) (Day) (Year)
(c) Place: burial or cremation Armstrong Cemetery
18. (a) Signature of funeral director John E. Kupp
(b) Address 6054 Pryor Ave., City
19. (a) 1-19-44 (Date received local registrar) (b) Rose Herzog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 17, year 1944 hour 9 minute 45 P. M.

21. I hereby certify that I attended the deceased from Dec 28, 1944 to Jan 17, 1944 that I last saw her alive on Jan 17, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Sclerosis	?
Due to Arterio Scl.	?
Due to	
Other conditions Bronch. Acute. (Include pregnancy within 3 months of death)	Jan 14/44

Major findings:
Of operations 94a
Of autopsy Same

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

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Frank Hardigan (M. D. ~~or other~~)
Address 620 Francis Date signed 1/19/44

1283 (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.

Signed John E. Rupp

Licensed Embalmer No. 3986

P. O. Address St. Joseph, 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.