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X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 8 1944

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6500

Registration District No. 31 — Primary Registration District No. 5107 — Registrar's No. 4

1. PLACE OF DEATH:
(a) County Benton,
(b) City or town Lincoln, - Rural, - White Twp
(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 All his life,
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 8
(a) State Mo, (b) County Benton, 0
(c) City or town Lincoln 0
(If outside city or town limits, write "RURAL")
(d) Street No. 6 mils- W- of Lincoln
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Charley Bell Gilcrest.
3. (b) If veteran, name war No, 3. (c) Social Security No. No,
4. Sex M, 5. Color or race White, 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Sadie Ann Gilcrest 6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased Sep, (Month) 15 (Day) 1867 (Year)

8. AGE: Years	Months	Days	If less than one day
76	4	16	hr. min.

9. Birthplace Lincoln (City, town, or county) Mo, 0 (State or foreign country)
10. Usual occupation ~~House wife~~, Farmer
11. Industry or business
FATHER
12. Name Whery Gilcrest,
13. Birthplace Unknown (City, town, or county) Unknown, 9 (State or foreign country)
MOTHER
14. Maiden name Sarah Barkley
15. Birthplace unknown, (City, town, or county) unknown 9 (State or foreign country)
16. (a) Informant Mrs, Sadie ann Gilcrest
(b) Address Lincoln Mo,
17. (a) (Burial, cremation, or removal) (b) Date thereof Feb, 4 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Warsaw Mo,
18. (a) Signature of funeral director J. B. Calbert
(b) Address Lincoln, Mo,
19. (a) Feb- 7- 1944 (Date received local registrar) (b) Pauline Harris (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb, day 1st-44
year 1944 hour 6-30 minute P M.
21. I hereby certify that I attended the deceased from Oct 10 -43
, 1943 to Jan , 1944;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death coronary embolism	
Due to natural causes	
Due to	
Other conditions Chronic interstitial nephritis (Include pregnancy within 3 months of death)	

Major findings:
Of operations none
Of autopsy none

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 M. A. Shy 0 (M. D. or other)
Address Sedalia Date signed 2-2-44

1341

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 71
District File Number 2-44-206
Date Filed 3-6-44

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 Me,

, Registered Apprentice No.

working under my personal supervision.

Signed J. B. Calbert

Licensed Embalmer No. 2500

P. O. Address Lincoln Mo,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp the above constitutes grounds for revocation of license.)

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