

FILED JUL 25 1944

State File No. _____

Registration District No. _____

Primary Registration District No. 2000

Registrar's No. 565

1. PLACE OF DEATH:

(a) County GREENE
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Burge Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days (Specify whether
In this community 10 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pack 84
(c) City or town Bellevue
(If outside city or town limits, write "RURAL")
(d) Street No. R.R. # 3
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Gertrude Marie Gilden

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Charles Clinton Gilden 6. (c) Age of husband or wife if alive 39 years
7. Birth date of deceased December 15, 1917
(Month) (Day) (Year)

8. AGE: Years 26 Months 6 Days 24 If less than one day
hr. _____ min. _____

9. Birthplace Russell Co. Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER, FATHER { 12. Name Robert Dunge
13. Birthplace unk. Kansas
(City, town, or county) (State or foreign country)
14. Maiden name Marie Miller
15. Birthplace Russell Co. Kansas
(City, town, or county) (State or foreign country)

16. (a) Informant C. C. Gilden, Husband
(b) Address R.R. 3 Bellevue, Mo.

17. (a) Burial (b) Date thereof July 9, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellevue Mo.

18. (a) Signature of general director Erwin Blue
(b) Address Bellevue, Mo.

19. (a) 7-10-44 (b) S. W. Handley
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9th
year 1944 hour 2 minute 25 P.M.

21. I hereby certify that I attended the deceased from June 30, 1944, to July 9, 1944
that I last saw her alive on July 9, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Meningo-encephalitis Duration 2 Wks.

Due to (Organism) not found - followed influenza

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations J/A
Of autopsy _____

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?

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

23. Signature J.P. Maceux (M. D. or other)
Address Springfield, Mo. Date signed 7-10-44

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

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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 *William H. Evers*
Licensed Embalmer No. *3092*
P. O. Address *Galena 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.

X