

FILED SEP 6 1944

Registration District No. _____

Primary Registration District No. 5018

1. PLACE OF DEATH

(a) County Andrew
(b) City or town Platte Top Rural
(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 4045 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew
(c) City or town Platte Township
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Walter Harrison Gilbert

3. (b) If veteran, name war _____ 3. (c) Social Security No. 487-20-1671

4. Sex m 5. Color or Race W 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife Jean Gilbert 6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased Nov 27 1888
(Month) (Day) (Year)

8. AGE: Years 55 Months 8 Days 6 If less than one day hr. min.

9. Birthplace Lee County VA
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business _____

12. Name Benjamin F Gilbert

13. Birthplace Lee County VA
(City, town, or county) (State or foreign country)

14. Maiden name Rebecca Hobbs

15. Birthplace Lee County VA
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Jean Gilbert
(b) Address Bolekov # 2 mo

17. (a) Bolekov (b) Date thereof 8-5-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bolekov

18. (a) Signature of funeral director E. B. Breit
(b) Address L. A. ... mo
19. (a) 8-5-1944 (b) J. H. Fritchman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 3
year 1944 hour 4 minute 50 A.M.

21. I hereby certify that I attended the deceased from Jan 3 1944
to Aug 3 1944
that I last saw him alive on Aug 2 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Bladder

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

Major findings: _____
Of operations _____
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 A

23. Signature W. A. Wilson (M. D. or other)
Address Rosendale mo Date signed Aug 4-44

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

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

200

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..... *E. B. Breit*

Licensed Embalmer No. *2650*

P. O. Address *Savannah Ga*

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, above space should be left blank.