

1. PLACE OF DEATH:

(a) County Laurens

(b) City or town St. Vernon, Mo  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri State Sanatorium  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 529 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry 42

(c) City or town Deepwater 0  
(If outside city or town limits, write "RURAL") 0

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME: Guyn Norman Gilbert

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 26th  
year 1944 hour 8:25 minute P. M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

(b) Name of husband or wife Julia Gilbert 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Oct. 20 1891  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 15, 1943 to Dec. 26, 1944  
that I last saw him alive on December 26, 1944  
and that death occurred on the date and hour stated above.

8. AGE: Years 53 Months 2 Days 6 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death: Pneum. Tuberculosis  
The enteritis about 1 wk

Due to \_\_\_\_\_

Due to 13 b'

9. Birthplace Henry County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

11. Industry or business \_\_\_\_\_

12. Name Thomas J. Gilbert

13. Birthplace Indiana (City, town, or county) (State or foreign country)

14. Maiden name Belle Collins

15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Ethel McMichael Record Clark

(b) Address Mo. State Sanatorium St. Vernon, Mo

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? \_\_\_\_\_

17. (a) Burial (b) Date thereof 12/27/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clermont, Mo

18. (a) Signature of funeral director Fred Walker

(b) Address Clermont, Mo

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury 0

19. (a) 12/45 (b) [Signature]  
(Date received by local registrar) (Registrar's Signature)

23. Signature [Signature] (M. D. or other) MD

Address St. Vernon, Mo Date signed 12/26

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

5500

RECEIVED  
District Health Officer No. 6,  
District File Number 145-75  
Date Filed JAN 12 1945

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 Fred W. Keenan

Licensed Embalmer No. 2478

P. O. Address Quinton Md

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.