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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 16 1945

Registration District No. 5

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5030

State File No. 16179

Registrar's No.

1. PLACE OF DEATH:

(a) County Atchison

(b) City or town ~~Tarkio~~ rural Tarkio

(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1 Jay

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 1 month

years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Atchison 3

(c) City or town Tarkio rural 0

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

(d) Street No.

(If rural, give location)

(e) Citizen of foreign country? no 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME LESLIE LEE GEHLKEN

3. (b) If veteran, name war ** 3. (c) Social Security No. **

4. Sex male 0 5. Color or race white 6. (a) Single, widowed, married, divorced infant 0

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

7. Birth date of deceased March (Month) 6 (Day) 1945 (Year)

8. AGE: Years ** Months 1 Days 3 If less than one day hr. min.

9. Birthplace Tarkio (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation infant

11. Industry or business

FATHER
12. Name Joseph Wilson Gehlken
13. Birthplace Sedalia (City, town, or county) Missouri 0 (State or foreign country)

MOTHER
14. Maiden name Doris Dean Hodge
15. Birthplace Tarkio (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant J.W.Gehlken

(b) Address Tarkio,Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 4/10/45 (Month) (Day) (Year)

(c) Place: burial or cremation Tarkio Home Cemetery

18. (a) Signature of funeral director Davis Funeral Home

(b) Address Tarkio,Mo.

19. (a) April 16-1945 (Date received local registrar) (b) Mrs. H.D. Cunningham (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9th year 1945 hour 1 minute 30 A.M.

21. I hereby certify that I attended the deceased from —, 19..., to ..., 19...; that I last saw him alive on —, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Malnutrition	
Due to Gastro intestinal malformation	
Due to	
Other conditions — (Include pregnancy within 3 months of death)	

Major findings:
Of operations T57g
Of autopsy Leo

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 3

23. Signature Thos F Fay D.C. Coroner (M.D. or other)

Address Westboro Mo Date signed 4-9-45

13 d 7

(Licensed Embalmer's Statement on Reverse Side)

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 Jno. M. Davis

Licensed Embalmer No. 2394

P. O. Address Tarki o, 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.