. S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 9 1945

Registration District No. 2

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3005

State File No. 16250

Registrar's No. 36

1. PLACE OF DEATH:

(a) County Bates

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

(c) Name of hospital or institution:
Memorial Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community since 1887
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates

(c) City or town Butler Rural
(If outside city or town limits, write "RURAL")

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

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

If yes, name country .....

3. (a) PRINT FULL NAME Emma Elizabeth Gilbert

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Riley Gilbert

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

7. Birth date of deceased August 25 (Month) 1872 (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
72	8	23	hr. min.

9. Birthplace Adair Co. (City, town, or county) Kentucky (State or foreign country)

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name D.L. Edrington
13. Birthplace Adair Co. (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Sarah F. McWhorter
15. Birthplace ..... (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant Mrs. Elsie Powell

(b) Address RFD, Butler

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 20, 1945 (Month) (Day) (Year)

(c) Place: burial or cremation Oakhill

18. (a) Signature of funeral director John Glendewood

(b) Address Butler, Missouri

19. (a) May 19, 1945 (Date received local registrar) (b) Pauline Cumpton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17
year 1945 hour 11:45 minute P.M.

21. I hereby certify that I attended the deceased from May 15, 1940 to May 17, 1945
that I last saw her alive on May 17, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to .....

Due to Bantes' Disease

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

Major findings:
Of operations .....
Of autopsy .....

Duration

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 Carter W. Lake (M.D. or other)

Address Butler, Mo Date signed 5/18/45

1506

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Di[illegible] Officer No. 7,
Dis[illegible] 5-45-516
Date Filed 6-7-45

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 John G. Underwood

Licensed Embalmer No. 3585

P. O. Address Butler 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.