S. No. 2
M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23956

FILED AUG 13 1945

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 605

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 (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State MO. (b) County GREENE
(c) City or town SPRINGFIELD
(If outside city or town limits, write "RURAL")
(d) Street No. 1409 Sherman
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME LEWIS F. GILBREATH
3. (b) If veteran, name war NO
3. (c) Social Security No. 500-01-6436
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife LUCINDA GILBREATH
6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased OCT. (Month) 18 (Day) 1875 (Year)

8. AGE: Years 69 Months 9 Days 13 If less than one day hr. min.

9. Birthplace Des Moines (City, town, or county) Iowa (State or foreign country)
10. Usual occupation Minister
11. Industry or business Preaching
MOTHER FATHER
12. Name Jerry Gilbreath
13. Birthplace Unk. (City, town, or county) Unk. (State or foreign country)
14. Maiden name Jennie Sutton
15. Birthplace Unk. (City, town, or county) Unknown (State or foreign country)
16. (a) Informant J. J. Gilbreath
(b) Address Springfield, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 3-45 (Month) (Day) (Year)
(c) Place: burial or cremation Greenlawn
18. (a) Signature of funeral director J. W. Klingner & Co
(b) Address SPRINGFIELD MO.
19. (a) 8-3-45 (Date received local registrar) (b) D. W. Hardley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31 year 1945 hour 8 minute 51 P.M.
21. I hereby certify that I attended the deceased from 8-24, 1945, to 8-31-45, 19..; that I last saw h. alive on 8-31-45, 19..; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Ruptured Dangerous Appendix	7 days
Peritonitis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations Appendectomy
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature C. Simpson M.D. (M. D. or other)
Address Springfield, Mo. Date signed 8-1-45

(Licensed Embalmer's Statement on Reverse Side)

AUG 20 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.....Max Rhodes

Licensed Embalmer No.....4071

P. O. Address.....Springfield

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.