

FILED DEC 30 1945  
Registration District No. 2230

Primary Registration District No. 5836

Registrar's No. 148

1. PLACE OF DEATH:

(a) County Newton  
(b) City or town Rural - Neosho Township  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Route #1, Neosho  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community 9 Years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton  
(c) City or town Rural - Neosho Township  
(If outside city or town limits, write "RURAL")  
(d) Street No. Route #1, Neosho  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME John B. Gilbreath

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Lee Mitchell Gilbreath 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased January 30, 1880  
(Month) (Day) (Year)

8. AGE: Years 65 Months 9 Days 27  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Ret'd. Mechanic

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

12. Name T. C. Gilbreath

13. Birthplace Lafort Co. Ind.  
(City, town, or county) (State or foreign country)

14. Maiden name Manerva Mickens

15. Birthplace Polk Co. Iowa  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. B. Gilbreath

(b) Address Route #1, Neosho, Mo.

17. (a) Burial (b) Date thereof 11-30-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Carterville Cemetery

18. (a) Signature of funeral director Ed. C. Ulmer

(b) Address Carthage, Missouri

19. (a) Nov. 6, 1945 (b) Malvin C. Borman  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 26th,  
year 1945 hour 1: minute 30 P.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.

Immediate cause of death Coronary Thrombosis Duration \_\_\_\_\_

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

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

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

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

Of autopsy yes

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) CORONARY THROMBOSIS

(b) Date of occurrence 11-26-45

(c) Where did injury occur? HOME  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
ON FARM

While at work? YES (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature James G. Ferrell (M.D. or other) Acting Coroner  
Address Neosho, Mo Date signed 12-1-45

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

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.

RECEIVED DEC 8 1945

District Health Officer No. ....

District File Number 1145-232

Date Filed DEC 10 1945

Signed E. J. ...

Licensed Embalmer No. 2222

P. O. Address Ortgage

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.