

FILED JUN 14 1946

Registration District No. 10

Primary Registration District No. 3002

Registrar's No. 71

1. PLACE OF DEATH:

(a) County Audrain

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

(c) Name of hospital or institution:
1109 W. Mansfield St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 40 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain 4

(c) City or town Mexico 1
(If outside city or town limits, write "RURAL") 2

(d) Street No. 1109 W. Mansfield St. 0
(If rural, give location)

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

3. (a) PRINT FULL NAME Arthur C. Gulick

3. (b) If veteran, name war None

3. (c) Social Security No. _____

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Anna Gulick

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased May 16, 1881
(Month) (Day) (Year)

8. AGE: 6 Years 0 Months 1 Days
9 hr. _____ min.

If less than one day

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

10. Usual occupation Laborer

11. Industry or business _____

MOTHER FATHER { 12. Name Rudolph Gulick

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

14. Maiden name Mary Seymour

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

16. (a) Informant Mrs. Anna Gulick

(b) Address Mexico, Mo.

17. (a) Burial (b) Date thereof May 19-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Catholic, Mexico Mo.

18. (a) Signature of funeral director Paul E. Grubbs

(b) Address Mexico Mo.

19. (a) 5/19/46 (b) Blanche Keely
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 17 day May
year 1946 hour 1:30 minute _____ M.

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

Immediate cause of death Cerebral
Due in this home, unattended by a physician. No evidence of any kind of violence.
Due to Cerebral

Other conditions High Blood Pressure
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

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? _____

While at work? No (Specify type of place) (e) Means of injury Coroner

23. Signature A. C. Adams (M. D. or other) 3
Address Mexico, Mo. Date signed 5-17-46

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

14516

RECEIVED
District Health Officer No. 10
District File Number 6-46-1212
Date Filed JUN 13 1946

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.....

.....
Earl E. Precht....., Registered Apprentice No.....
working under my personal supervision.

Signed.....
Earl E. Precht

Licensed Embalmer No. 3189

P. O. Address. Mexico, 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.