S. No. 2
M—5-43
7. 5-17-39
1 X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 176677

FILED MAY 23 1946

Registration District No. 218 — Primary Registration District No. 5953 — Registrar's No.

1. PLACE OF DEATH:

(a) County: PIKE

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

(c) Name of hospital or institution: ZIRKLE RESIDENCE FOR AGED 4 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 4 WEEKS (Specify whether years, months or days)

In this community: LIFETIME

2. USUAL RESIDENCE OF DECEASED:

(a) State: MISSOURI (b) County: PIKE 82

(c) City or town: LOUISIANA 2 (If outside city or town limits, write "RURAL")

(d) Street No.: 219 FRANKFORD ROAD 1 (If rural, give location)

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

If yes, name country:

3. (a) PRINT FULL NAME: ANNA MAY GILBERT

3. (b) If veteran, name war:

3. (c) Social Security No.: NONE

4. Sex: FEMALE 1

5. Color or race: WHITE

6. (a) Single, widowed, married, divorced: WIDOWED 2

6. (b) Name of husband or wife: CHARLES GILBERT

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

7. Birth date of deceased: APRIL (Month) 19 (Day) 1870 (Year)

8. AGE: Years 75 | Months 11 | Days 29 | If less than one day ___ hr. ___ min.

9. Birthplace: LOUISIANA (City, town, or county) MISSOURI (State or foreign country) 6

10. Usual occupation: HOUSEWIFE

11. Industry or business: HOUSEKEEPING

FATHER
12. Name: WILLIAM GILBERT
13. Birthplace: UNKNOWN (City, town, or county) KENTUCKY (State or foreign country) 1

MOTHER
14. Maiden name: ELLEN HARRIS
15. Birthplace: BOWLING GREEN (City, town, or county) MISSOURI (State or foreign country) 11

16. (a) Informant: MRS. J. C. SMITH

(b) Address: LOUISIANA MISSOURI

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: APRIL 21-46 (Month) (Day) (Year)

(c) Place: burial or cremation: RIVERVIEW CEMETERY

18. (a) Signature of funeral director: GARNER & STERNE

(b) Address: LOUISIANA MISSOURI

19. (a) Apr. 21/46 (Date received local registrar) (b) Margaret E. Stephens (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 18 year 1946 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from 1941 to 4-18 1946 that I last saw her alive on 4-18 1946 and that death occurred on the date and hour stated above.

Immediate cause of death: Bronchopneumonia — Duration: 4 days

Due to:

Due to:

Other conditions: none (Include pregnancy within 3 months of death)

Major findings: Of operations: no

Of autopsy: no

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): none

(b) Date of occurrence: none

(c) Where did injury occur? no (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? no (Specify type of place)

(e) Means of injury: no

23. Signature: [illegible] M. D.

Address: Louisiana, Mo. Date signed: 4-19-46

255

(Licensed Embalmer's Statement on Reverse Side)

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

16557

RECEIVED
District Health Officer No. 10
District File Number 5-46-1026
Date Filed MAY 2 6 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~~ .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed J B Sterne

Licensed Embalmer No. 4039

P. O. Address Louisiana, 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.