

1-8-43
5-17-39
P I X37823

State File No. _____

FILED SEP 11 1946

Registration District No. 319

Primary Registration District No. 6144

Registrar's No. 16

1. PLACE OF DEATH:
(a) County Stoddard
(b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Transient
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Michigan (b) County _____
(c) City or town Kalamazoo
(If outside city or town limits, write "RURAL")
(d) Street No. 809 Hawley
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William N. Gladstone
3. (b) If veteran, name war World War # 2 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug day 20
year 1946 hour 4 minute 30 P.M.

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

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.

7. Birth date of deceased 8 9 1919
(Month) (Day) (Year)

Immediate cause of death Verdict of jury
Collision with truck
carelessly driven by
Driver: Cecil Culbertson

8. AGE: Years Months Days If less than one day
27 0 11 hr. min.

Due to _____
Other conditions (include pregnancy within 3 months of death) _____
Major findings: _____
Of operations _____
Of autopsy _____

9. Birthplace Hastings Michigan
(City, town, or county) (State or foreign country)
10. Usual occupation Machinest
11. Industry or business _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident 103
(b) Date of occurrence 8-20-46
(c) Where did injury occur? Hybe at Mingo Stoddard, MO
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Highway
(Specify type of place)
While at work? yes (e) Means of injury _____

MOTHER FATHER {
12. Name Unknown
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)
16. (a) Informant Perry E. Duncan
(b) Address 4110 S. Logan, Lansing, Mich
17. (a) Removal (b) Date thereof 8/21/46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mason, Mich
18. (a) Signature of funeral director Greer Croy & Fitch
(b) Address Poplar bluff, Mo.
19. (a) 8-21-46 (b) Oliver Morgan
(Date received local registrar) (Registrar's signature)

23. Signature Morgan
Address Denton MO Date signed 8-20-46

358

S.H.P. call with other motor veh

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

RECEIVED

District Health Office No. 2

District File Number 946-1075

Date Filed 9-5-46

SEP 11 1946

MAY 2 1947

MAY 5 1947

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 Wallace N. Fitch

Licensed Embalmer No. 3759

P. O. Address Poplar Bluff, 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.