S. No. 2
M—2-43
v. 5-17-39
1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 21 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

33964

State File No.

Registration District No. 164 Primary Registration District No. 3032 Registrar's No. 96

1. PLACE OF DEATH:

(a) County Johnson

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

(c) Name of hospital or institution: 0
Warrensburg Hospital & Clinic
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 Days (Specify whether
In this community 57 Yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson 57

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

(d) Street No. 135 East Gay St. 2
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Fannie Maria Gilkeson

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife H.P. Gilkenson

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

7. Birth date of deceased Dec (Month) 6 (Day) 1861 (Year)

8. AGE: Years 84 Months 10 Days 3 If less than one day hr. min.

9. Birthplace Minonk (City, town, or county) Ill (State or foreign country)

10. Usual occupation House Wife

11. Industry or business

FATHER
12. Name D.S. Thomas 9
13. Birthplace Not known (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Marie Stoddard
15. Birthplace Notknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Hugh Gilkeson
(b) Address Warrensburg Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-11-46 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Hill

18. (a) Signature of funeral director Sweeney Phillips
(b) Address Warrensburg Mo.

19. (a) Oct. 11, 1946 (Date received local registrar) (b) Savannah Overtyfield (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 9
year 1946 hour 5 5 minute 20 P. M.

21. I hereby certify that I attended the deceased from Oct 1-46, 19__, to Oct 9-46, 19__;
that I last saw her alive on Oct 9-46, 19__;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chr - My ocarditis	?
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 93D	
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 0

23. Signature R F M Kinney (M. D. or other) M.D.
Address Warrensburg Mo. Date signed 10-11-46

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(Licensed Embalmer's Statement on Reverse Side)

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. Earl Priest

Licensed Embalmer No. 3878

P. O. Address Warrensburg 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.