

Registration District No. 176

Primary Registration District No. 5-65-8

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Le Russell Mo. R.R.
(c) Name of hospital or institution: residence
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: Native
In this community: Native
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence
(c) City or town Le Russell Mo. R.R.
(d) Street No.
(e) Citizen of foreign country? No
If yes, name country

3. (a) PRINT FULL NAME William Thomas Gihlock

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 Abbie Gihlock
6. (c) Age of husband or wife if alive 80 years
7. Birth date of deceased 9-24-1858
(Month) (Day) (Year)

8. AGE: Years 88 Months 0 Days 28
If less than one day hr. min.

9. Birthplace Lawrence Co. Mo. U.S.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business unknown

MOTHER FATHER
12. Name Thomas Gihlock
13. Birthplace Va.
14. Maiden name Byrd
15. Birthplace Va.

16. (a) Informant Mrs. Ruby Curtis
(b) Address Le Russell Mo

17. (a) Burial (b) Date thereof 10-25-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Gihlock esms
(c) Signature of funeral director Maura Gaman
(b) Address Miller Mo

19. (a) 12-4-46 (b) W. S. Burney
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 22
year 1946 hour 2 minute 30 P. M.
21. I hereby certify that I attended the deceased from 10/17 to 10/17, 1946
that I last saw him alive on 10/17 and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial failure
Due to Senility & Post-apoplecticum
Duration ?

Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations 43A
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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(e) Means of injury
23. Signature Kenneth Glover (M. D. or Other)
Address W. S. Burney, Mo Date signed 12/2/46

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

39997

RECEIVED

District Health Officer No. 3,

District File Number 147-10

Date Filed JAN 6 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 E. R. Leiman

Licensed Embalmer No. 3297

P. O. Address Miller 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.