

S. No. 2
DM-5-43
v. 5-17-39
I X36671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1888

FILED FEB 5 1947
Registration District No. 23

Primary Registration District No. 4348

Registrar's No. 5

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

70
2
6

1. PLACE OF DEATH:

(a) County Montgomery

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

(c) Name of hospital or institution:
Knight's Nursing Home #4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days
(Specify whether in this community 14 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montgomery

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

(d) Street No. _____ (If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME WILLIAM GILKEY

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 28 day July
year 1947 hour 4 minute 45 A.M.

21. I hereby certify that I attended the deceased from July 25, 1947, to July 26, 1947
that I last saw him alive on am. July 27, 1947
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: Jan 3 1876
(Month) (Day) (Year)

Immediate cause of death Cerebral apoplexy Duration 4 days

Due to hypertension

Due to _____

8. AGE: Years 71 Months 0 Days 25 If less than one day _____ hr. _____ min.

9. Birthplace St. Charles mo 1
(City, town, or county) (State or foreign country)

10. Usual occupation Common Labor

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations g3A

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____

12. Name William H. Gilkey

13. Birthplace Adams Co. Ill
(City, town, or county) (State or foreign country)

14. Maiden name Caroline Spear

15. Birthplace Culpeper Co. Va
(City, town, or county) (State or foreign country)

16. (a) Informant Thos. Meritt

(b) Address Wellsville Mo

17. (a) burial (b) Date thereof Jan 30 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wellsville mo

18. (a) Signature of funeral director W. R. Kuhn

(b) Address Wellsville mo

19. (a) Jan 29, 1947 Thos. Meritt
(Date received local registrar) (Registrar's signature)

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? _____ (Specify type of place) (e) Means of injury: D

23. Signature R. G. Hankins (M. D. _____)
Address Wellsville mo Date signed 1-29-47

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RECEIVED
District Health Officer No. 9
District File No. 2-4-47
Date Filed

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.....
[Handwritten Signature]

Licensed Embalmer No. *3059*

P. O. Address *Wellsville 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.