DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 7 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7617

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 39

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

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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Vernon 108
(c) City or town Nevada (If outside city or town limits, write "RURAL") 1
(d) Street No. 115 W. Ashland (If rural, give location) 2
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Ethel Margaret Gilbert
3. (b) If veteran, name war ✓
3. (c) Social Security No. None
4. Sex Female 1
5. Color or race W.
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife ✓
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased Dec. (Month) 14 (Day) 1884 (Year)

8. AGE: Years 62 Months 2 Days 4 If less than one day hr. min.

9. Birthplace King City (City, town, or county) Mo. (State or foreign country) 0
10. Usual occupation
11. Industry or business Housekeeper
FATHER
12. Name Oliver G. Barkley 1
13. Birthplace Philadelphia Pa. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Angelina Meeker 0
15. Birthplace Stansbury Missouri (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Elsie Sears
(b) Address Pratt Kansas
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 19 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Newton Burial Park
18. (a) Signature of funeral director Hays Funeral Service
(b) Address Nevada Mo.
19. (a) 2-27-47 (Date received local registrar) (b) Kathryn Vaucey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 18 year 1947 hour 12 40 minute P. M.
21. I hereby certify that I attended the deceased from Feb 11, 1947, to Feb 18, 1947 that I last saw her alive on Feb 15, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage. Duration: Feb 11 1947.
Due to: Hypertension Don't know
Due to:
Other conditions: none (Include pregnancy within 3 months of death)
Major findings:
Of operations: none
Of autopsy: none

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 W. S. Love (M. D. or other) MD
Address Nevada, Mo. Date signed 2/20/47

537 By Deputy (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 2-47-L81
Date Filed 3-5-47

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 Allen V. Hoyt

Licensed Embalmer No. 1968

P. O. Address Nevada Iowa

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.