

S. No. 2  
-12-45  
5-17-39  
I X47070

FILED MAR 31 1947

Registration District No. 42 Primary Registration District No. 1000

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

1. PLACE OF DEATH:

(a) County Buchanan

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

(c) Name of hospital or institution Mo. M. E. Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days (Specify whether years, months or days)

In this community.....

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew

(c) City or town Fillmore  
(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 Florence Emma Gilbert

3. (b) If veteran, name war. -

3. (c) Social Security No. ....

4. Sex F 5. Color or race W

6. (a) Single, wid, married Divorced

6. (b) Name of husband or wife Charles L. Gilbert

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

7. Birth date of deceased AUG 9 - 1885  
(Month) (Day) (Year)

8. AGE: Years 61 Months 7 Days 11 If less than one day hr. min.

9. Birthplace Fillmore Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business .....

12. Name Aaron Cole

13. Birthplace Zainsville Ohio  
(City, town, or county) (State or foreign country)

14. Maiden name Emma B. Gregory

15. Birthplace Frankford Ky  
(City, town, or county) (State or foreign country)

16. (a) Informant Eloy Gilbert

(b) Address Moond city mo

17. (a) Burial (b) Date of death 3-21-1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fillmore

18. (a) Signature of general director E. C. Breit

(b) Address Savannah mo

19. (a) 3-21-47 (b) to b. J. J. J. J.  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 20 year 1947 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from 23 December 1946 to 20 March 1947 that I last saw her alive on 19 March 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Left ventricular failure of myocardium Duration 2 hrs.

Due to Arteriosclerotic heart disease hypertensive c. disease 4-5 yrs. 7-8 yrs.

Due to 40 E.

Other conditions Carcinoma of cecum 1 mo (?)  
(Include pregnancy within 3 months of death)

Major findings: Ca. of cecum ascending colon & terminal ileum resected

Of operations.....

Of autopsy none

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? .....

While at work? (Specify type of place) .....

(c) Means of injury.....

23. Signature Thompson E. Butler (M. D. or other) M.D.

Address 415 Colby Bldg. Date signed 21 Mar. 47

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750 Joseph, Mo.

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**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. C. Breit

Licensed Embalmer No. 2650

P. O. Address Savannah 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.**