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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED JUL 7 1947**  
Registration District No. 720

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **20534**  
Registrar's No. **56**

Primary Registration District No. **5448**

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

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

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County Sentry 38  
(c) City or town Rural  
(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 Walter Gladstone  
3. (b) If veteran, name war.....  
3. (c) Social Security No.....

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 6 day 12 year 1947 hour 9 minute A M.  
I hereby certify that I attended the deceased from June 12, 1947 to 6-11-47, 1947  
that I last saw him alive on 6-11-47 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race W.  
6. (a) Single, widowed, married, divorced, widowed  
6. (b) Name of husband or wife Bertha McCowan 6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased Oct 25 1864  
(Month) (Day) (Year)

Immediate cause of death Broken hip  
Due to old age  
Duration 2 month

8. AGE: Years 82 Months 7 Days 18 If less than one day hr. min.

Due to old age  
Other conditions (Include pregnancy within 3 months of death)

9. Birthplace Ans Ontario Canada  
(City, town, or county) (State or foreign country)  
10. Usual occupation retired farmer  
11. Industry or business  
12. Name Walter Gladstone  
13. Birthplace Scotland  
(City, town, or county) (State or foreign country)  
14. Maiden name Jane Easton  
15. Birthplace Scotland  
(City, town, or county) (State or foreign country)

Major findings: Of operations.....  
Of autopsy 186A 39  
PHYSICIAN Underline the cause to which death should be charged statistically.

MOTHER FATHER  
16. (a) Informant Andrew Gladstone  
(b) Address Sentry Mo  
17. (a) Burial (b) Date thereof June 14-47  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Knob  
18. (a) Signature of funeral director Arthur M. O'Connell  
(b) Address Highway No. 1  
19. June 23-1947 (b) Arthur M. O'Connell  
(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) Accident 38  
(b) Date of occurrence 4-1-47  
(c) Where did injury occur? Country Sentry Mo  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
On street 7 Country  
While at work? (Specify type of job) (c) Means of injury no  
23. Signature Charles D. Williamson (M.D. or other) no  
Address Sentry Mo Date signed 6-16-47

AUG 3 1956

DISTRICT HEALTH OFFICE  
Cannonsville, Mo.

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 me  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed C. H. Burk  
.....  
Licensed Embalmer No. 3329  
.....  
P. O. Address Albany 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.