

FILED OCT 13 1947
Registration District No. **22**

Primary Registration District No. **1000**

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: **319 Ozark St. (home)** /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **Lifetime** (Specify whether
In this community **Lifetime** years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Buchanan** //
(c) City or town **St. Joseph** /
(If outside city or town limits, write "RURAL")
(d) Street No. **319 Ozark St.** 7
(If rural, give location) 0
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **ALVIN L. GILBERT**
3. (b) If veteran **None** name war
3. (c) Social Security No. **none**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Divorced**
6. (b) Name of husband or wife **Mary Morley** 6. (c) Age of husband or wife if alive **38** years
7. Birth date of deceased **July 4, 1907**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
40 2 28 hr. min.

9. Birthplace **St. Joseph, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Salesman (fish)**

11. Industry or business **None**

12. Name **Edward Gilbert**

13. Birthplace **Pattonburg, Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Minnie Cox**

15. Birthplace **Harrison Co., Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Minnie Sperry (mother)**

(b) Address **319 Ozark St., City**

17. (a) **Burial** (b) Date thereof **10/4/47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Auburn Cemetery**

18. (a) Signature of funeral director **[Signature]**
(b) Address **6054 Pryor Ave., City**

19. (a) **10-6-47** (b) **K. L. Jenkins**
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month **Oct.** day **2nd** year **1947** hour **12** minute **15** P.M.

21. I hereby certify that I attended the deceased from **3 Oct. 1**, 19 **47**, to **Oct 2**, 19 **47**
that I last saw him alive on **Oct. 2**, 19 **47**
and that death occurred on the date and hour stated above.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Oct.** day **2nd** year **1947** hour **12** minute **15** P.M.
21. I hereby certify that I attended the deceased from **3 Oct. 1**, 19 **47**, to **Oct 2**, 19 **47**
that I last saw him alive on **Oct. 2**, 19 **47**
and that death occurred on the date and hour stated above.

Immediate cause of death **Anatemesis** **3 days**
Due to **Cirrhosis of Liver** ?
Due to ?
Other conditions ?
(Include pregnancy within 3 months of death)

Major findings:
Of operations **none 12/4/47**
Of autopsy **none**

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 **2**
23. Signature **[Signature]** (M. D. or other **CO.**)
Address **5008 King Hill** Date signed **10-3-47**

Duration
3 days
PHYSICIAN
Underline the cause of which death should be charged statistically.

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

MOTHER, FATHER

St. Joseph, 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.....

..... Registered Apprentice No.....

working under my personal supervision.

Signed.....

John E. Krupp

Licensed Embalmer No. *13986*

P. O. Address *St. Joseph, 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.