S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 12 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

42344

State File No. .....

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 436

1. PLACE OF DEATH:

(a) County Marion

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

(c) Name of hospital or institution: 1012 Lindell Ave.
(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 Marion 64

(c) City or town Hannibal 3
(If outside city or town limits, write "RURAL")

(d) Street No. 1012 Lindell Ave. 4
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME CYRUS K. GILBERT

3. (b) If veteran, name war World War #2

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

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Divorced 3

6. (b) Name of husband or wife .....

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

7. Birth date of deceased November (Month) 29 (Day) 1914 (Year)

8. AGE:

Years	Months	Days	If less than one day
33	4	29	..... hr. ..... min.

9. Birthplace Vandalia (City, town, or county) Missouri (State or foreign country) 6

10. Usual occupation Grocery Store

11. Industry or business .....

FATHER
12. Name William Gilbert
13. Birthplace Vandalia (City, town, or county) Missouri (State or foreign country) 0

MOTHER
14. Maiden name Anna Mae Johnson
15. Birthplace Hannibal (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant Mrs Jas Spencer
(b) Address Hannibal, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-31-47 (Month) (Day) (Year)
(c) Place: burial or cremation Grand View Burial Park

18. (a) Signature of funeral director James O'Donnell
(b) Address Hannibal, Missouri

19. (a) Dec. 31, 1947 (Date received local registrar) (b) Dr E M Leicke (Registrar's signature) 189

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 28 year 1947 hour approx 6 minute P. M.

21. I hereby certify that I attended the deceased from ..... 19..., to ..... 19.....; that I last saw h..... alive on ..... 19.....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary	
Thrombosis	
Due to	
Due to Found dead in Bath tub	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy	

PHYSICIAN

Underline the cause of 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) 5

While at work? ..... (e) Means of injury .....

23. Signature James O'Donnell Coroner (M. D. or other)

Address Hannibal Mo. Date signed .....

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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.....H M O'Donnell.....

Licensed Embalmer No.....3889.....

P. O. Address.....Hannibal 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.