S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 7 1948

Registration District No. 218

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42628

Primary Registration District No. 4413

Registrar's No. 14

1. PLACE OF DEATH:
(a) County: Pike
(b) City or town: Frankford
(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)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State: MO (b) County: Pike
(c) City or town: Bowling Green
(If outside city or town limits, write "RURAL")
(d) Street No.: Rural
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country .....

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3. (a) PRINT FULL NAME: Mary J. Gilbert
3. (b) If veteran, name war: No
3. (c) Social Security No.: None
4. Sex: Female
5. Color or race: W
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: James Gilbert
6. (c) Age of husband or wife if alive: X years
7. Birth date of deceased: Dec (Month) 13 (Day) 1873 (Year)

8. AGE: Years: 74 Months: X Days: 8 If less than one day: hr. ..... min.

9. Birthplace: Schuyler Co. (City, town, or county) Ill. (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: /

MOTHER FATHER
12. Name: George Henry Hollenbeck
13. Birthplace: Ind. (City, town, or county) (State or foreign country)
14. Maiden name: Mary A. Jennings
15. Birthplace: Ill. (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Eva Dulow
(b) Address: Bowling Green Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12 23-1947 (Month) (Day) (Year)
(c) Place: burial or cremation: McCune Station Mo.
18. (a) Signature of funeral director: Grace Banfread
(b) Address: Bowling Green Mo
19. (a) 12-23-47 (Date received local registrar) (b) Bernice Collier (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 21 year 1947 hour 6 minute 15 A.M.
21. I hereby certify that I attended the deceased from June 1947 to Death 1947 that I last saw him alive on Dec 19 1947 and that death occurred on the date and hour stated above.

Duration

Immediate cause of death: Myocardial Failure
Due to: Age
Due to: Kidney Infection
Other conditions (Include pregnancy within 3 months of death): B
Major findings: Of operations: B
Of autopsy: B

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 .....

23. Signature: E. P. Hansen (M. D. or other) D.O.
Address: Frankford, Mo. Date signed 12/23/47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 1-48-32
JAN -6 1948
Date Filed

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 Grace M. Bainhead

Licensed Embalmer No. 2204

P. O. Address Bowling Green, 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.