

FILED MAY 21 1948

Registration District No. 93

Primary Registration District No. 465-5339

Registrar's No. 38

1. PLACE OF DEATH:

(a) County Dade  
(b) City or town Greenfield, Pt. Rural  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Rural East Center Township  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution None  
(Specify whether  
In this community 2 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dade  
(c) City or town Greenfield, Mo. Pt. Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. Rural East Center Township  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10  
year 1948 hour 10 minute 30 P.M.  
21. I hereby certify that I attended the deceased from 5-1-48  
\_\_\_\_\_, 19\_\_\_\_, to 5-11\_\_\_\_, 1948;  
that I last saw her alive on 5-5\_\_\_\_, 1948;  
and that death occurred on the date and hour stated above.

3. (a) PRINT FULL NAME Nancy Ellen Gilkiland  
3. (b) If veteran, name war NIL 3. (c) Social Security No. NIL

4. Sex Female 5. Color or race white  
6. (a) Single, widowed, married, divorced widowed  
6. (b) Name of husband or wife H. G. Gilkiland 6. (c) Age of husband or wife if alive deceased 4 years  
7. Birth date of deceased October 19-1855  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
92 6 21 hr. min.

9. Birthplace Sammerset Ky  
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business Home Maker

MOTHER FATHER { 12. Name Morgan Bryan  
13. Birthplace Ky  
(City, town, or county) (State or foreign country)  
14. Maiden name Annada Hale  
15. Birthplace Ky  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Alana Wheeler  
(b) Address Greenfield Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 12-1948  
(Month) (Day) (Year)  
(c) Place: burial or cremation Greenhau Cemetery Union Mo

18. (a) Signature of funeral director Ague A. Brown  
(b) Address Walnut Grove Mo.

19. (a) 5-11-1948 (Date received local registrar) (b) Leo R. Werry (Registrar's signature)

Immediate cause of death Breaking Hip  
Senility  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration

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 29  
(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 Shelton (M. D. or other) \_\_\_\_\_  
Address Greenfield Mo. Date signed 5/11/48

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

900

100

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

RECEIVED

District Health Officer No. 6,

District File Number 548-590

Date Filed MAY 20 1948

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 Gene A. Dinn

Licensed Embalmer No. 2664

P. O. Address Walnut Brook, 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.