No. 2
-1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17067

FILED MAY 27 1948

Registration District No. 248

Primary Registration District No. 5842

Registrar's No.

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

1. PLACE OF DEATH:
(a) County Newton
(b) City or town Racine
(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
In this community 85 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Newton
(c) City or town Racine
(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 Laura Frances Gilstrap
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Wid
6. (b) Name of husband or wife Levy
6. (c) Age of husband or wife if alive years
7. Birth date of deceased August (Month) 24 (Day) 1857 (Year)

8. AGE:

Years	Months	Days	If less than one day
90	8	14	hr. min.

9. Birthplace Fidelity (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name John Hansford
13. Birthplace Pike Co. (City, town, or county) Mo. (State or foreign country)
MOTHER
14. Maiden name Nancy ~~Cloe~~ Cloe
15. Birthplace (City, town, or county) Mo. (State or foreign country)
16. (a) Informant Noel Gilstrap
(b) Address Joplin, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-11-48 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Burkhart Cem. Racine
18. (a) Signature of funeral director W E Biddlecome
(b) Address Seneca Mo
19. (a) 5-20-48 (Date received local registrar) (b) Nettie Norris (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8
year 1948 hour 5 minute 20 P. M.

21. I hereby certify that I attended the deceased from Apr 25, 1948 to May 8, 1948
that I last saw her alive on Apr 30, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy
Due to Hypertension
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

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)
While at work? (e) Means of injury
23. Signature T. B. Duemler (M. D. ~~or other~~)
Address Seneca Mo. Date signed 5-14-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. Newton

District File Number 548-306

Date Filed 5-26-48

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 W E Biddlecome

Licensed Embalmer No. 2174

P. O. Address Seneca 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.