

0. 2
1-43
7-39
K37823

Registration District No. 282 Primary Registration District No. 2971 Registrar's No.

1. PLACE OF DEATH:
(a) County Jack S. W. Marion
(b) City or town Belwan Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6 mi Southwest of Belwan Mo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 12 years (Specify whether)
years, months or days

3. (a) PRINT FULL NAME James Rufus Gulke
3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓
4. Sex Male 5. Color or race Wh 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Daisy Mae Gulke 6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased Nov 29 1891
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
56 4 24 hr. min.

9. Birthplace Plato (City, town, or county) (State or foreign country) 0

10. Usual occupation Farmer

11. Industry or business _____

12. Name John Gulke 0

13. Birthplace Texas Co Mo (City, town, or county) (State or foreign country)

14. Maiden name Sandra Lee

15. Birthplace Barren Co Kent (City, town, or county) (State or foreign country)

16. (a) Informant Margaret Gulke

(b) Address Belwan Mo R.F.D.

17. (a) Burial (b) Date thereof April 25 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Ridge

18. (a) Signature of funeral director Walter B. Gorman

(b) Address Belwan Mo

19. (a) July 2, 1948 (b) Ralph Gordon
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jack, Mo
(c) City or town Belwan Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 6 mi Southwest of Belwan Mo
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22
year 1948 hour 8:30 minute 7 M.

21. I hereby certify that I attended the deceased from April 22, 1948 to _____, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) gulf

Major findings: ✓ Of operations _____

Of autopsy _____

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? ✓

While at work? ✓ (Specify type of place) (Means of injury) 3

23. Signature Edward B. Ewin (M.D. or other) 3

Address Belwan Mo Date signed 7/2/48

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

MOTHER FATHER

RECEIVED
District Health Officer No. 7,
District File Number 6-48-443
Date Filed 9-8-28

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 Chas Jester
Licensed Embalmer No. 4154
P. O. Address Baldwin, 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.