

FILED JUL 13 1942

Registration District No. 342

Primary Registration District No. 4211

Registrar's No. 131

4200

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

1. PLACE OF DEATH:

(a) County Henry Windsor

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

(c) Name of hospital or institution: 700 W Florence
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 yrs
(Specify whether years, months or days)

In this community 2 yrs

3. (a) PRINT FULL NAME Martha J. Gilgin

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 widowed

6. (b) Name of husband Alfonzo Gilgin

6. (c) Age of husband or wife if alive 19 years

7. Birth date of deceased 10 19 1868
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>73</u>	<u>7</u>	<u>6</u>br.....min.

9. Birthplace Camden Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Wm Hart

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

14. Maiden name Carolina Parrell

15. Birthplace Windsor Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Ed Nace

(b) Address Windsor Mo

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof 5 27 42
(Month) (Day) (Year)

(c) Place: burial or cremation Windsor Cem

18. (a) Signature of funeral director Fred Wilburn

(b) Address Clinton Mo

19. (a) June 4, 1942
(Date received local registrar)

(b) Georgia Kitcher
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry

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

(d) Street No. 700 Florence
(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 25
year 1942 hour 5 minute 45 P.M.

21. I hereby certify that I attended the deceased from May 22 1942 to May 23 1942
that I last saw her alive on Friday 25 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic nephritis

Duration 6 yrs

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 1316

PHYSICIAN

Major findings: Of operations none

Of autopsy none

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)

(e) Means of injury DM

23. Signature J.A. Blackmore (M. D. or other) DM

Address Windsor Mo Date signed 5-26-42

RECEIVED

District Health Officer No. 7,

District File Number 7-42-709

Date Filed 7-7-42

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.....

Licensed Embalmer No.....

P. O. Address.....

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.