

FILED JUN 12 1943
Registration District No. 737

Primary Registration District No. 5510

Registrar's No. 106

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Dequater Mo. RFD. No. 2
(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.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry
(c) City or town Dequater Mo. RFD. No. 2
(If outside city or town limits, write "RURAL.")
(d) Street No.....
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME

Chas. E. Gilkey

3. (b) If veteran, name war.....
no

3. (c) Social Security No. 490-05-8771

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Bertha Gilkey
6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased 27 1891
(Month) (Day) (Year)

8. AGE: Years Months Days
51 8 2
If less than one day hr. min.

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

10. Usual occupation farmer

11. Industry or business

MOTHER FATHER
12. Name Henry C. Gilkey
13. Birthplace Delmar
(City, town, or county) (State or foreign country)
14. Maiden name Mary Emma Gath
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Chas. Gilkey
(b) Address Dequater, Mo

17. (a) Burial (b) Date thereof 6-1-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bruntington cemetery

18. (a) Signature of funeral director J. and J. Smith

(b) Address Dequater, Mo

19. (a) June 1, 1943 (b) Georgia Kitchener
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29
year 1943 hour 8:30 minute P. M.
21. I hereby certify that I attended the deceased from May 29
1943 to May 29 1943
that I last saw him alive on May 28 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage
Due to Byronic pneumonia 5 days
Septic ulcer 5
Due to.....

Other conditions (Includes pregnancy within 3 months of death)
Major findings: 101
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.....
(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.....
23. Signature Joseph B. Oull (M. D. or other) M.D.
Address Dequater, Mo Date signed 5-21-43

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

4200

JUN 12 1943

RECEIVED

District Health Officer No: 7,

District File Number 5-43-519

Date Filed 6-11-43

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.....

Tom Hunt

Licensed Embalmer No. 2782

P. O. Address Deepwater, 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.