

FILED AUG 9 1943

Registration District No. 137

Primary Registration District No. 4214

1. PLACE OF DEATH:

(a) County: Henry  
(b) City or town: Peppewater  
(c) Name of hospital or institution: in Peppewater on street #  
(d) Length of stay: In hospital or institution: 8 years  
In this community: 8 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Henry  
(c) City or town: Peppewater  
(d) Street No. 200 street #  
(e) Citizen of foreign country? NO  
If yes, name country: 0

3. (a) PRINT FULL NAME: Julia D Gilbert

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: married  
6. (b) Name of husband or wife: George Gilbert 6. (c) Age of husband or wife if alive: 53 years  
7. Birth date of deceased: 4 20 1891  
(Month) (Day) (Year)

8. AGE: Years: 52 Months: 3 Days: 8 If less than one day: ..... hr. .... min.

9. Birthplace: Clinton Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: .....

MOTHER FATHER { 12. Name: John P Chestman  
13. Birthplace: Cardo Mo  
(City, town, or county) (State or foreign country)  
14. Maiden name: Janette Masterson  
15. Birthplace: Henry Co Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant: Thomas Chestman

(b) Address: Peppewater Mo

17. (a) burial (b) Date thereof: 7 31 43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Anglenwood Cem

18. (a) Signature of funeral director: Fred Williamson

(b) Address: Clinton Mo

19. (a) July 30 1943 (b) Georgia Kitchen  
(Date received local registrar) (registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: July, day: 28, year: 1943 hour: 1 minute: 30 P.M.

21. I hereby certify that I attended the deceased from July 19 1943 to July 28 1943 that I last saw her alive on July 28 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage Duration: 1 hr

Due to: .....

Due to: .....

Other conditions: 3a!  
(Include pregnancy within 3 months of death)

Major findings: Of operations: .....

Of autopsy: .....

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) (c) Means of injury: .....

23. Signature: Reginald Newell (M. D. or other) MD

Address: Clinton Mo Date signed: 7-30-43

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

42000

122

#54

131

RECEIVED  
 District Health Officer No. 7,  
 District File Number 7-43-786  
 Date Filed 8-6-43

**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: Fred Wilkins  
 Licensed Embalmer No. 2478  
 P. O. Address Center, Md

**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.