

FILED JAN 12 1945  
Registration District No. 137

Primary Registration District No. 3023

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

1. PLACE OF DEATH:  
(a) County HENRY  
(b) City or town Clinton  
(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) 1  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 2.55 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County Henry  
(c) City or town Clinton  
(If outside city or town limits, write "RURAL")  
(d) Street No. 207 N 3rd St  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME ANNIE BELLE GILBERT  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Dec day 8  
year 44 hour 1 minute 20 P.M.  
21. I hereby certify that I attended the deceased from June 1  
1944 to Dec 8 1944  
that I last saw him alive on Dec 8 1944  
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced wid  
6. (b) Name of husband or wife Wm Henry 6. (c) Age of husband or wife if alive 18 years  
7. Birth date of deceased Jan 29 1865  
(Month) (Day) (Year)

Immediate cause of death Tuberc pneumonia Duration 8 da  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) 108

8. AGE: Years 79 Months 10 Days 20 If less than one day \_\_\_\_\_ hr \_\_\_\_\_ min.  
9. Birthplace Tuscola Ill  
(City, town, or county) (State or foreign country)

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

10. Usual occupation Home work  
11. Industry or business \_\_\_\_\_  
12. Name JOSHUA CHICOPEE  
13. Birthplace don't know  
(City, town, or county) (State or foreign country)  
14. Maiden name SARAH CALE  
15. Birthplace don't know  
(City, town, or county) (State or foreign country)  
16. (a) Informant Harry Gilbert  
(b) Address Clinton Mo  
17. (a) Burial (b) Date thereof 12-10-44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Englewood  
18. (a) Signature of funeral director Conrad + Beck  
(b) Address Clinton Mo  
19. December 10 1944 Georgia Kitcher  
(Date received local registrar) (Registrar's signature)

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) \_\_\_\_\_ (e) Means of injury D  
23. Signature Ed Walker (M. D. or other) M.D  
Address Clinton Mo Date signed 12-8-44

RECEIVED

Public Health Officer No. 7,

District No. 1, Canton ..... 12-44-1473

Date Filed ..... 1-11-45

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**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.....

*J E Consalor*

Licensed Embalmer No. ....

1891

P. O. Address.....

*Canton 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.**