

Registration District No. 137

Primary Registration District No. 3023

Registrar's No. 81

**1. PLACE OF DEATH:**

(a) County Henry  
(b) City or town Clinton mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Clinton Genl Hospit &  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 days (Specify whether  
In this community 40 years years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

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

3. (a) PRINT FULL NAME LEE ELLSWORTH Gilderale

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Thelma Gilderale 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased: June 30 1891  
(Month) (Day) (Year)

8. AGE: Years 54 Months 9 Days 15 If less than one day hr. min.

9. Birthplace: Caldwell Co mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name Bradford Gilderale  
13. Birthplace NY  
(City, town, or county) (State or foreign country)

14. Maiden name Mary E. Henkin  
15. Birthplace mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs L. E. Gilderale

(b) Address 2 E. L. FORT mo RA 417

17. (a) Burial (b) Date thereof 4-17-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood

18. (a) Signature of funeral director Conasaur & Beck  
(b) Address Clinton mo

19. (a) 4-16-46 (b) R. P. Kenney  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month April day 15 year 1946 hour 1 minute 30 A.M.

21. I hereby certify that I attended the deceased from April 13 1946 to April 15 1946; that I last saw her alive on 4-15 1946; and that death occurred on the date and hour stated above.

Immediate cause of death: Deilitation heart w/ myocarditis  
Due to..... Duration 2 hr  
Due to..... 7 hr

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations..... 930  
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) (b) Means of injury..... ii

23. Signature R. P. Kenney (M. D. or other) M.D.  
Address Clinton mo Date signed 4-16-46

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

JUN 28 1946 RECEIVED  
District Health Officer No. 7,  
District File Number: 4-46-417  
Date Filed 5-10-46

---

**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 *JE Consolue*  
Licensed Embalmer No. *1891*  
P. O. Address *Clinton 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.**