

FILED DEC 2 1947
 Registration District No. **737**

Primary Registration District No. **3023**

Registrar's No. **241**

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: General Hospital of
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution one week
(Specify whether
 In this community all life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Clair **93**
 (c) City or town Appleton City **1**
(If outside city or town limits, write "RURAL")
 (d) Street No. Rural **0**
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country 1

3. (a) PRINT FULL NAME George Winfred Gilkey

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Ella Gilkey 6. (c) Age of husband or wife if alive 2 years

7. Birth date of deceased May 2 1865
(Month) (Day) (Year)

8. AGE: Years 82 Months 6 Days 18 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

12. Name Joe Gilkey

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

14. Maiden name Kachmann

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

16. (a) Informant Wm. D. Gilkey

(b) Address Deerpater Mo

17. (a) Burial (b) Date thereof 11-22-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maplewood cemetery

18. (a) Signature of funeral director Chas. Rickett

(b) Address Brownington, Mo

19. (a) 11-22-47 (b) R. R. Rickett
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 20
 year 1947 hour 5: minute 40 A. M.

21. I hereby certify that I attended the deceased from 22 Sept.,
 1947 to Nov. 20, 1947;

that I last saw him alive on November 20, 1947;

and that death occurred on the date and hour stated above.

Immediate cause of death Coronary failure

Due to _____

Due to _____

Other conditions _____

(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?
(Specify type of place)

While at work? _____ (e) Means of injury 0

23. Signature James O. Smith (M. D. or other) M.D.

Address Clinton, Mo Date signed 11-20-47

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

12-1-47
11-4-7-1367
CHICAGO No. 7
S.E. 10010
D

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 Hurst

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.