

MISSOURI DEPARTMENT OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Registration District No. 137

Primary Registration District No. 3023

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:  
WETZEL HOSPITAL  
(If not in hospital or institution, write street number or location)

(d) Length of stay: in hospital or institution 4 DAYS  
(Specify whether years, months or days)

In this community ALL HER, LIFE

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County HENRY 42

(c) City or town CLINTON  
(If outside city or town limits, write "RURAL")

(d) Street No. 308 W. WILSON ST  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country: \_\_\_\_\_

3. (a) PRINT FULL NAME LAURA B. GILBERT

3. (b) If veteran, name war no

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 20  
year 1948 hour 7:30 minute 30 AM

21. I hereby certify that I attended the deceased from 2-17-48  
1948 to 2-20-48 1948  
that I last saw her alive on 2-19-48  
and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife Walter Gilbert

6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased Oct 9 - 1871  
(Month) (Day) (Year)

Immediate cause of death Labor  
hypostatic pneumonia  
following fall  
Due to attack of myocarditis  
and senility  
Due to \_\_\_\_\_

Duration \_\_\_\_\_

8. AGE: Years 73 Months 5 Days 11  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Clinton (City, town, or county) no (State or foreign country)

10. Usual occupation Houseswife

11. Industry or business \_\_\_\_\_

12. Name Major Brown

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

14. Maiden name Laura Levy

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

16. (a) Informant Walter Gilbert

(b) Address Clinton Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-22-48  
(Month) (Day) (Year)

(c) Place: burial or cremation Englewood Cem

18. (a) Signature of funeral director Conrad J. Pect

(b) Address Clinton Mo

19. (a) 2-21-48 (Date received local registrar) (b) R B Kennedy (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy 108

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? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Gus D. West (M.D. or other) \_\_\_\_\_  
Address Clinton Mo Date signed 2-21-48

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

MOTHER FATHER

RECEIVED  
District Health Officer No. 7,  
1-7-813  
2-24-78

**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 *R R Kennedy*.....

Licensed Embalmer No. *3099*.....

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.**