

Registration District No. 796

Primary Registration District No. 3038

Registrar's No. 159

1. PLACE OF DEATH:

(a) County Saline 2-  
(b) City or town Marshall  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME Clara Maude Gillum 450

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Henry Lee Gillum 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Feb. 9 1864  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>7</u>	<u>22</u>	_____ hr. _____ min.

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

10. Usual occupation Housewife

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

12. Name Jacob Rudy 1

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

14. Maiden name Mary Jane Rock  
(City, town, or county) (State or foreign country)

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

16. (a) Informant's own signature Roy Gillum

(b) Address Marshall Mo

17. (a) Burial (b) Date thereof Oct 4 1937  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lamont Missouri

18. (a) Signature of funeral director Don Short

(b) Address Marshall Missouri

19. (a) 10-4-39 (b) Mary Kent  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County saline  
(c) City or town Marshall  
(If outside city or town limits, write "RURAL")  
(d) Street No. South Jefferson  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 1  
year 1939 hour 6:40 minute 15 M.

21. I hereby certify that I attended the deceased from Sept 23  
1939 to Oct 1 1939;  
that I last saw her alive on Oct 1 1939  
and that death occurred on the date and hour stated above.

Immediate cause of death Meningo-encephalitis Duration 11 days

Due to Had been in cerebral mental and physical condition for 5 or 6 yrs

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

Major findings: Of operations \_\_\_\_\_ Of autopsy none

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) (e) Means of injury \_\_\_\_\_

23. Signature D. J. Manning (M. D. or other) 1  
Address Marshall, Mo Date signed 10/7/39

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FORM 1 X1931

RECEIVED  
District Health Officer No. 8,  
District File Number - 111/A/39  
Date Filed

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.....

Donald W. Short....., Registered Apprentice No.....  
working under my personal supervision.

Signed Donald W. Short  
Licensed Embalmer No. 3757  
P. O. Address Marshall, 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, above space should be left blank.