

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 4963

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Kansas City, Missouri.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: None  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution None  
In this community Life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mollie E. Gillespie, 421  
8. (b) If veteran, name war No 8. (c) Social Security No

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Wid.  
6. (b) Name of husband or wife Chas. Gillespie 6. (c) Age of husband or wife if alive 1876 years  
7. Birth date of deceased March 13th, 1876  
(Month) (Day) (Year)

8. AGE: Years 63 Months 9 Days 18 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business -----

MOTHER FATHER  
12. Name James Talbott  
13. Birthplace Illinois (City, town, or county) (State or foreign country)  
14. Maiden name Mary Unknown  
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs Helen Longwell  
(b) Address 722 Tracy, K.C. Mo

17. (a) Burial (b) Date thereof Jan. 3-1940  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Forest Hill Cemetery.

18. (a) Signature of funeral director Lrs. C. L. Forster,  
(b) Address Kansas City

19. (a) Dec. 31, 1939 (b) M. M. Cronin  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson  
Kansas City, Missouri.  
(c) City or town Kansas City, Missouri.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 722 Tracy Avenue, K. C. Mo.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 31st, 1939  
year 1939 hour 11 minute 50 A: M.

21. I hereby certify that I attended the deceased from Dec. 10  
1939, to Dec 31, 1939  
that I last saw h. ex. alive on Dec 30, 1939  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Arteriosclerosis Duration \_\_\_\_\_

Due to 94B

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
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) (e) Means of injury \_\_\_\_\_

23. Signature J. R. Hall (M. D. or other) \_\_\_\_\_  
Address 626 2nd Street Date signed \_\_\_\_\_

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.

Dr. J. R. Hall,  
Phone \_\_\_\_\_  
Office \_\_\_\_\_

**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 me  
\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed C. H. Wise  
Licensed Embalmer No. # 2570  
P. O. Address Kansas City 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.**