

Dr. White

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

43373  
Do not use this space.

1. PLACE OF DEATH **GREENE** **3** Registration District No. **318**  
 (a) County **GREENE** **1** Primary Registration District No. **2001** Registered No. **990**  
 (b) Township **SPRINGFIELD** (d) Street No. **Met Hotel** St.  
 (c) City **SPRINGFIELD** (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **421 Frank L. Gillespie**  
 (a) Residence, No. **Humansville, Mo.** St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **Married**  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Nov 16 1868**  
 7. AGE YEARS **71** MONTHS **0** DAYS **23** If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Retired Newspaper Publisher**  
 9. Industry or business in which work was done, as saw mill, bank, etc. **Retired Newspaper Publisher**  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ spent in this occupation \_\_\_\_\_

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **12 - 9 . 1939**  
 22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.  
 I last saw him ~~live~~ **live** on **12 - 9 . 1939**. Death is said to have occurred on the date stated above, at **44** m.  
 The principal cause of death and related causes of importance were as follows:  
**Myocardial Insufficiency** Date of onset **12-9**  
**Blinding peptic ulcer.**  
 Other contributory causes of importance: \_\_\_\_\_  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? **et al.** Was there an autopsy? \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ill 1**  
 13. NAME **Harmon K Gillespie**  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Penn 1**  
 15. MAIDEN NAME **Nancy Moore**  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Penn**  
 17. INFORMANT (ADDRESS) **R T Jellman Jones Humansville Mo**  
 18. BURIAL, CREMATION, OR REMOVAL PLACE **Humansville, Mo.** DATE **Dec. 10 39**  
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) **H. H. Lohmeyer Springfield, Mo. 2916**  
 20. FILED **Dec 10 1939** **Chas. A. George M.D.** (Address) **Cowan, Boone County**  
 Local Registrar.

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_  
 Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_  
 24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_ (Signed) **R. T. White** M. D.  
 (Address) **Cowan, Boone County**

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.

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**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 M L Canaday  
Licensed Embalmer No. 3134  
P. O. Address Springfield, 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.

*[Handwritten signature and initials]*