No. 2
1-10-39
17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15187

Registration District No. 417 Primary Registration District No. 3021 Registrar's No. 57

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

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Webb City 1
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Jane Chinn Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 HOURS (Specify whether

In this community ____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

0

(a) State Missouri (b) County Jasper

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

(d) Street No. 401 E Second
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

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3. (a) PRINT FULL NAME INFANT OF GEORGIA GILLIAM

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex F

5. Color or race W

6. (a) Single, ~~widowed~~, ~~married~~, divorced X

6. (b) Name of husband or wife None

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

7. Birth date of deceased April (Month) 22 (Day) 1940 (Year)

8. AGE: Years X Months X Days X If less than one day 4 hr. ____ min.

9. Birthplace Webb City (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation Infant

11. Industry or business X 1

FATHER
12. Name Geo Laslett 6
13. Birthplace Pycher (City, town, or county) Okla (State or foreign country)

MOTHER
14. Maiden name Georgia M. Gilliam
15. Birthplace Webb City (City, town, or county) Mo (State or foreign country)

16. (a) ~~Informant~~ Mrs Gilliam

(b) Address Webb City Mo

17. (a) burial (Burial, cremation, or removal) (b) Date thereof April 23 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Castleville Cem.

18. (a) Signature of funeral director Hedge Nelson

(b) Address Webb City Mo

19. (a) APR. 23. 40 (Date received local registrar) (b) P. L. Pritchett M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22 year 1940 hour 9 minute P M.

21. I hereby certify that I attended the deceased from 4-22-40, 19__, to 4-22, 1940 that I last saw her alive on 4-22-40, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: mal nutrition	
Due to condition of mother from lack of proper food	
Due to no medical attention	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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? 377 (Specify type of place)

While at work? ____ (e) Means of injury 2

23. Signature M S Slaughter (M. ~~D.~~ or other) DO

Address 20 S W Broadway Webb City Mo Date signed 4-23-40

(Licensed Embalmer's Statement on Reverse Side)

40-5-25-

Slaughter

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 C. W. Hedge, Registered Apprentice No. ..... working under my personal supervision.

Signed C. W. Hedge

Licensed Embalmer No. 2859

P. O. Address Webb City Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.