No. 2
11-10-39
-17-39
X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 14 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18852

Registration District No. 467 Primary Registration District No. 4280 Registrar's No. 28

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Aurora
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
113 Jasper St.
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence
(c) City or town Aurora
(If outside city or town limits, write "RURAL")
(d) Street No. 113 Jasper St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME James Marion Gillham. 450
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ella Gillham
6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased Sept. (Month) 20 (Day) 1872 (Year)

8. AGE: Years	Months	Days	If less than one day
67	8	3	hr. min.

9. Birthplace Barry County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Farmer (Retired)
11. Industry or business
FATHER
12. Name John C Gillham
13. Birthplace ? (City, town, or county) Ill. (State or foreign country)
MOTHER
14. Maiden name Susan
15. Birthplace ? (City, town, or county) Ky. (State or foreign country)
16. (a) Informant
(b) Address Aurora Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May (Month) 25 (Day) 40 (Year)
(c) Place: burial or cremation Aurora Mo.
18. (a) Signature of funeral director J. F. King
(b) Address Aurora Mo.
19. (a) 5-26-40 (Date received local registrar) (b) R. D. Cowan, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23
year 1940 hour 8 minute 15 A. M.

21. I hereby certify that I attended the deceased from May 13th, 1940, to May 23, 1940
that I last saw him alive on May 23, 1940;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardiac Failure	?
Due to Decompensation of Cardiac musculature.	?
Due to	
Other conditions Hypertension (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? (Specify type of place)
While at work? (e) Means of injury

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23. Signature F. Avery Watson D.O.
Address Verona Gen. Hospl. Date signed May 20, 40
Verona, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 6-40-1399
Date Filed JUN 11 1940

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 Herman Burridge

Licensed Embalmer No. 3072

P. O. Address .....

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.