No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JUL 12 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Dr. H. Taylor

Registration District No. 213

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3014

State File No. 21549

Registrar's No. 142

**1. PLACE OF DEATH:**

(a) County: Cole

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

(c) Name of hospital or institution: St. Mary's Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days) In this community ____

**2. USUAL RESIDENCE OF DECEASED:**

(a) State: Missouri (b) County: Cole

(c) City or town: Jefferson City, Missouri (If outside city or town limits write "RURAL")

(d) Street No.: 220 West Elm Street (If rural, give location)

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

3. (a) PRINT FULL NAME: Bernard Wilson Gillespie

3. (b) If veteran, name war: ____

3. (c) Social Security No.: none

4. Sex: male

5. Color or race: white

6. (a) Single, widowed, married, divorced: single

6. (b) Name of husband or wife: ____

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

7. Birth date of deceased: October (Month) 23 (Day) 1928 (Year)

8. AGE: Years 11 | Months 7 | Days 10 | If less than one day ____ hr. ____ min.

9. Birthplace: Lexington, Missouri (City, town, or county) 0 (State or foreign country)

10. Usual occupation: Student 0

11. Industry or business: 0

MOTHER FATHER

12. Name: Bernard Robert Gillespie

13. Birthplace: Blackwater, Missouri (City, town, or county) (State or foreign country)

14. Maiden name: Mary Elizabeth Wilson

15. Birthplace: Lexington, Missouri (City, town, or county) (State or foreign country)

16. (a) Informant: Bill Gillespie

(b) Address: Jefferson City, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: June-4-1940 (Month) (Day) (Year)

(c) Place: burial or cremation: River View Cemetery

18. (a) Signature of funeral director: Pope J. Gadon

(b) Address: Jefferson City, Missouri

19. (a) 6/10/40 (Date received by local registrar) (b) Fred Lofow M.D. (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month June day 2nd year 1940 hour 8 minute 45 P.M.

21. I hereby certify that I attended the deceased from June 2, 1940, to June 2, 1940, that I last saw ~~him~~ alive on June 2, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death: Fracture of Skull

Due to: Accident

Due to: Auto struck Bicycle he was riding throwing him against curb

Other conditions (Include pregnancy within 3 months of death):

Major findings: Of operations: 21 yr 25

Of autopsy:

Duration

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): Accident

(b) Date of occurrence: June 2-40

(c) Where did injury occur? Jefferson City (City or town) Cole Co (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Bicycle Street (Specify type of place) Home (e) Means of injury: Struck by Auto

While at work?

23. Signature: J. H. Taylor M.D. (M.D. or other)

Address: Jefferson City Date signed: 6/4/40

(Licensed Embalmer's Statement on Reverse Side)

## 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 Thos. J. Gordon

Licensed Embalmer No. 1286

P. O. Address Jefferson City, Mo

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

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