

Registration District No. 1

Primary Registration District No. 200

Registrar's No. 179

1. PLACE OF DEATH:

(a) County Adair
(b) City or town Broacher
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location) 2
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME IRENE GIKKISPIE 421

3. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Wm Gillispie 6. (c) Age of husband or wife if alive 78 years
7. Birth date of deceased Feb 28 1916
(Month) (Day) (Year)

8. AGE: Years 24 Months 5 Days 1 If less than one day _____ hr. _____ min.

9. Birthplace Scotland Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
12. Name Verney Wynn
13. Birthplace Scotland Co. Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Ruby Crabbe
15. Birthplace Scotland Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Wm Gillispie
(b) Address Broacher Mo.

17. (a) Burial (b) Date thereof July 31 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bible Grove

18. (a) Signature of funeral director F.R. Early

(b) Address Broacher Mo.

19. (a) Aug 2 40 (b) Spencer L. Freeman
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Scotland
(c) City or town Bible Grove
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29
year 1940 hour 6 minute 30 P. M.

21. I hereby certify that I attended the deceased from was dead
when I arrived, never saw her
that I last saw her alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary hemorrhage
Duration 4 yrs.

Due to Pulmonary Tuberculosis

Due to _____

Other conditions (Include pregnancy within 3 months of death) 22

Major findings: Of operations _____

Of autopsy _____

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? _____

3 While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature H.M. Humphrey (M. D. or other MD!)
Address Broacher Mo. Date signed 7/30-40

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

RECEIVED

District Health Officer No. 10

District File Number 8-40-1650

Date Filed AUG-15-1940

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 F. R. Easley

Licensed Embalmer No. 1146

P. O. Address Bruner, 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.