

DEC 17 1940

Registration District No. Primary Registration District No. 43-5065 Registrar's No.

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

1. PLACE OF DEATH:

(a) County Barton

(b) City or town Rural Barton City Township
(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)

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

In this community 1 mo. years, months or days _____ (Specify whether)

3. (a) PRINT FULL NAME George Harre Gillispie

3. (b) If veteran, name war 220

3. (c) Social Security No. no

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Elizabeth Gillispie

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased Feb 19, 1881
(Month) (Day) (Year)

8. AGE: Years 79 Months 9 Days 14 If less than one day hr. min.

9. Birthplace Lainsville Ky.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farm

MOTHER FATHER { 12. Name John Gillispie 9

13. Birthplace Unknown Ky 9
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. J. Search

(b) Address Bronaugh, Mo

17. (a) Burial (b) Date thereof 12/4, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Welborn cemetery

18. (a) Signature of funeral director Fern Zimmell-Harsh

(b) Address Warada, Mo

19. (a) 12-2-1940 (b) W P Beck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Barton

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

(d) Street No. Barton City Township
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 2, year 1940 hour 8:15 minute A M.

21. I hereby certify that I attended the deceased from Nov 29th 1940 to Nov 29th 1940

that I last saw him alive on Nov 29th 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Chronic glomerulonephritis

Stenotic aortic valve

Asphyxia

Due to 121

Other condition arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy none

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? _____

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

23. Signature J. Mackey (M. D. or other) DO

Address Central Mo Date signed Dec 3

RECEIVED

District Health Officer No. 6,

District File Number 1240-3043

Date Filed DEC 16 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 _____

Licensed Embalmer No. 3857

P. O. Address Waco, Tex

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

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