

No. 2
1-4-41
-17-39
X26390

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **27854**
Registrar's No. **216 246**

Registration District No. **85**

Primary Registration District No. **1001**

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

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Joseph's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether years, months or days)
In this community 35 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 2021 Francis
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 24th.
year 1941 hour 1 minute 30 A.M.
21. I hereby certify that I attended the deceased from April 1
1941, to Aug 24, 1941;
that I last saw him alive on Aug 23, 1941
and that death occurred on the date and hour stated above.

3. (a) PRINT FULL NAME JOHN CHARLES GILL

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Margaret Melin Gill 6. (c) Age of husband or wife if alive 37 years
7. Birth date of deceased Dec. 21 1903
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
37 8 3 hr. min.

9. Birthplace St. Joseph Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Mo. Historical Dept. W.P.A.

11. Industry or business _____

12. Name Charles Gill

13. Birthplace St. Joseph Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Bridgett Casey

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

16. (a) Informant Mrs. Margaret Gill
(b) Address 1210 Georgia, Kansas City, Kan

17. (a) Burial (b) Date thereof Aug. 25, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olivet Cemetery

18. (a) Signature of funeral director FLEEMAN & SON INC.
(b) Address St. Joseph, Mo.

19. (a) Aug 26, 1941 (b) H. H. Hestlewood
(Date received local registrar) (Registrar's signature)

Immediate cause of death
Myocardial insufficiency
Mitral stenosis
Rheumatic fever
Due to _____
Other conditions None
(Include pregnancy within 3 months of death)

Duration
4 mo.
25 yrs.
26 yrs.

Major findings:
Of operations None
Of autopsy Myocarditis, mitral stenosis (w/ enlargement of heart)

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 _____ (a) Means of injury _____
23. Signature M. H. Galby (M. D. or other) MD
Address Corby Bldg. St. Joseph, Mo. Date signed 8/25/41

JUN 13 1947

JUN 20 1947

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 *me*

....., Registered Apprentice No.....
working under my personal supervision.

Signed *Geo E Daniel*

Licensed Embalmer No. *3300*

P. O. Address *St Joseph*

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, fact should be so stated above.