

S. No. 2
4-1-4-41
7-5-17-39
K26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

34996

State File No. _____

FILLED NOV 14 1941

Registration District No. 225

Primary Registration District No. 5750

Registrar's No. 81

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Waverly Grove R. 1
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Rural R.F.D. #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no
(Specify whether years, months or days)

In this community 60 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

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

(d) Street No. R.F.D. #1
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Claborne Gilliam

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7
year 1941 hour 9 minute 0 P. M.

21. I hereby certify that I attended the deceased from Feb 22-41
June 7, 1941 to June 7, 1941
that I last saw him alive on June 6, 1941
and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased September - 8 - 1855
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>85</u>	<u>5</u>	<u>29</u>	hr. _____ min. _____

Immediate cause of death Senility

Due to and cancer of face

Due to _____

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

10. Usual occupation retired farmer

11. Industry or business General farming

12. Name Martin Gilliam

13. Birthplace Virginia
(City, town, or county) (State or foreign country)

14. Maiden name unknown

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

16. (a) Informant Mrs. Clyde Hageman
(b) Address Waverly Grove Mo

17. (a) Burial (b) Date thereof June 9 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Church

18. (a) Signature of funeral director James Brown
(b) Address Waverly Grove Mo

19. (a) June 8-41 (b) Edna B. McClure
(Date received local registrar) (Registrar's signature)

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

Major findings: Of operations 53

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? _____

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

23. Signature J. J. Barber (M. D. or other) 0
Address Waverly Grove Mo Date signed 6/8/41

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

Los Angeles County Health Office

County File Number 41-11-106

Date Filed 11/12/41

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.....

Donald Wright

Registered Apprentice No. 299

working under my personal supervision.

Signed.....

Lucas B...

Licensed Embalmer No. 2664

P. O. Address Valencia Green 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, fact should be so stated above.

1136