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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 16 1942

Registration District No. 461

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3024

State File No. 2672

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Lafayette

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

(c) Name of hospital or institution: Highland Ave.
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Lafayette 54 3 2

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

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

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

If yes, name country 0

3. (a) PRINT FULL NAME Albert Gillen

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Ma.

5. Color or race W.

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 Feb. (Month) 20 (Day) 1870 (Year)

8. AGE:

Years	Months	Days	If less than one day
71	11	0	hr. min.

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

10. Usual occupation Hardware Dealer

11. Industry or business

FATHER
12. Name Louis Gillen
13. Birthplace 4 Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Anna Ziele
15. Birthplace 5 Switzerland (City, town, or county) (State or foreign country)

16. (a) Informant Miss Laura Gillen
(b) Address Lexington, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-22-42 (Month) (Day) (Year)
(c) Place: burial or cremation Lexington

18. (a) Signature of funeral director Winkler
(b) Address Lexington

19. (a) 2-3-42 (Date received local registrar) (b) Mrs. Fred Schwab (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 20
year 1942 hour 4 minute 10 A. M.

21. I hereby certify that I attended the deceased from Nov 20th, 1941, to Jan 20, 1942
that I last saw him alive on Jan 20, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Influenza and Bronchial abscess	2 mo
Due to Diagnosis deferred awaiting report from laboratory	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 330	
Of autopsy	

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? (e) Means of injury 0

23. Signature [signature] (M. D. ~~or other~~)
Address Lexington Mo Date signed 2/3/42

1130

(Licensed Embalmer's Statement on Reverse Side)

Rupland

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 2-12-42

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 Geo. P. McKean

Licensed Embalmer No. 2983

P. O. Address

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.