

S. No. 2
1-1.4-41
7. 5-17-39
X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 16 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

3747
State File No. _____
Registrar's No. 7

Registration District No. 796 Primary Registration District No. 3038

7-1-2
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Saline
(b) City or town Marshall Mo
(c) Name of hospital or institution: 771 So Lafayette 1
(d) Length of stay: In hospital or institution 9 yrs
In this community 9 yrs

2. USUAL RESIDENCE OF DECEASED:
(a) State mo (b) County Saline 97
(c) City or town Marshall 1
(d) Street No. 771 So Lafayette 3
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ANNIE GILLESPIE
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 9
year 1942 hour 11:00 minute _____ P. M.
21. I hereby certify that I attended the deceased from Jan 3
1942 to Jan 9, 1942
that I last saw her alive on Jan 9
and that death occurred on the date and hour stated above.

4. Sex Fe 5. Color or race W 6. (a) Single, widowed, married, Divorced
6. (b) Name of husband or wife Albert Gillespie 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec - 3 - 1857
(Month) (Day) (Year)

Immediate cause of death Myocardial failure
Due to Senility
Due to _____
Other conditions (Include pregnancy within 3 months of death) 162 lb

8. AGE: Years 82 Months 1 Days 6 If less than one day _____ hr. _____ min.
9. Birthplace County Tyrone Ireland 4
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife
11. Industry or business _____
12. Name John Alexander
13. Birthplace Ireland 4
14. Maiden name Rose Campbell
15. Birthplace Ireland 4

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Fred Gillespie
(b) Address Marshall Mo
17. (a) Burial (b) Date thereof Jan 11 - 42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Nelson Cem, Nelson Mo
18. (a) Signature of funeral director Harry Hershberger
(b) Address Marshall Mo
19. (a) 1-10-42 (b) Mary Kent
(Date received local registrar) (Registrar's signature)

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) (Specify type of injury)
23. Signature C. J. Warren (M. D. or other) D.O.
Address Marshall Mo. Date signed 1/10/42

RECEIVED

District Health Officer No. 8,

District File Number.....

Cts Filed 2-13-42

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 Fred Wilkinson

Licensed Embalmer No. 2778

P. O. Address Clinton 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.