

FILED MAR 20 1942
309
Registration District No.

Primary Registration District No. 4185

1. PLACE OF DEATH:

(a) County Gentry

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

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution All his life
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gentry *38*

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

(d) Street No. 1
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME John Alexander Gillespie

3. (b) If veteran, name war:

3. (c) Social Security No.

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:

7. Birth date of deceased: Sept. 12 1863
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

78 5 8 hr. min.

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

10. Usual occupation:

11. Industry or business:

MOTHER FATHER { 12. Name James Gillespie

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

{ 14. Maiden name Katherine Thompson

{ 15. Birthplace Albany Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Alva Grace

(b) Address Albany Mo.

17. (a) Burial (b) Date thereof 2/22/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grandview

18. (a) Signature of funeral director [Signature]

(b) Address Albany Mo.

19. (a) Feb 21 1942 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 20
year 1942 hour 7 minute P / M.

21. I hereby certify that I attended the deceased from Jan 31 1942 to July 20 1942
that I last saw him alive on July 20 and that death occurred on the date and hour stated above.

Immediate cause of death dear heart failure following operation on prostate

Due to:

Due to:

Other conditions (include pregnancy within 3 months of death) 139 lb

Major findings: Of operations:

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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? No (Specify type of place)

(e) Means of injury:

23. Signature [Signature] (M. D. or other) Albany, Mo.

Date signed Feb 21 1942

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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 Clifford Brooks
Licensed Embalmer No. 3329

P. O. Address Albany 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.