

FILED MAR 16 1948-189
Registration District No. _____

Primary Registration District No. 3033

Registrar's No. _____

1. PLACE OF DEATH: Pike
 (a) County: Louisiana
 (b) City or town: Louisiana city
 (c) Name of hospital or institution: St. Bernard's Louisiana Mo
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)
 In this community _____ years, months or days)

3. (a) PRINT FULL NAME: Stanton GILLIS
 3. (b) If veteran, name war: no
 3. (c) Social Security No.: no

4. Sex: Male Color of hair: Black
 5. Color of eyes: Blue
 6. (a) Single, widowed, married, divorced: Married
 6. (c) Age of husband or wife if alive: _____ years
 7. Birth date of deceased: Jan 1 1870
 (Month) (Day) (Year)

8. AGE: Years: 72 Months: 1 Days: 7
 If less than one day _____ hr. _____ min.

9. Birthplace: Chanute, Kansas
 (City, town, or county) (State or foreign country)

10. Usual occupation: Laborer

11. Industry or business: _____

12. Name: John Gillis

13. Birthplace: don't know
 (City, town, or county) (State or foreign country)

14. Maiden name: don't know

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

16. (a) Informant: Harvey Gillis

(b) Address: Louisiana Mo

17. (a) Burial (b) Date thereof: 2/10/42
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Burial

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

(b) Address: Louisiana Mo

19. (a) NOTH (b) [Signature]
 (Date received local registrar) (Registrator's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State: Mo (b) County: Pike 82
 (c) City or town: Louisiana
 (If outside city or town limits, write "RURAL")
 (d) Street No.: South Louisiana
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Feb day: 8
 year: 1942 hour: 9 minute: 44 A.M.

21. I hereby certify that I attended the deceased from Feb 3rd, 1942, to Feb 8, 1942
 that I last saw him alive on Feb 8, 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death: Bronchial Pneumonia

Due to: Influenza

Due to: _____

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

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? _____
 (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: Emil Mayer (M.D. or other) DO

Address: Louisiana Mo Date signed: 2/18/48

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

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2
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RECEIVED

District Health Officer No. 10

District File Number 10-42-372

Date Filed MAR 11 1942

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.....

George O. Wagner, Registered Apprentice No.
working under my personal supervision.

Signed George O. Wagner

Licensed Embalmer No. 3773

P. O. Address Louisiana

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.