

FILED MAR 16 1942

Registration District No. 1325

Primary Registration District No. 3034

Registrar's No. 34

1. PLACE OF DEATH:

(a) County Randolph

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

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

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)

In this community 38 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph

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

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) If foreign born, how long in U. S. A. 1 years.

3. (a) PRINT FULL NAME Harry B. Gilfillan

3. (b) If veteran, name war

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 13<sup>th</sup>  
year 1942 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

4. Sex Male race White

5. Color or \_\_\_\_\_

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Lulu M Gilfillan

6. (c) Age of husband or wife if alive \_\_\_\_\_

7. Birth date of deceased Apr 19<sup>th</sup> 1874  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;

and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>9</u>	<u>24</u>	hr. _____ min. _____

Immediate cause of death Suicide  
Shot in temple 38 pistol bullet

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

Due to Coroners Case

10. Usual occupation Insurance & Loans

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business Self

Major findings: 164C

Of operations \_\_\_\_\_

12. Name John F. Giffillan

Of autopsy \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

14. Maiden name Sarah Reed

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

16. (a) Informant Mrs Lulu M. Gilfillan

(b) Address Urbandale Mo

17. (a) Burial (b) Date thereof Feb 15<sup>th</sup> 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly Mo

18. (a) Signature of funeral director Mahon and Son

(b) Address Moberly Mo

19. (a) Feb 14-1942 (b) Irma Hove  
(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) Suicide

(b) Date of occurrence 2-13-42

(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 Coroner

23. Signature W. H. Buffitt (M. D. or other)  
Address Moberly Mo Date signed 2/14/42

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

18  
6  
3

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RECEIVED JUN 20 1947

JAN 6 1954

RECEIVED

District Health Officer No. 10

District File Number 10-42-3,57

Date Filed MAR 10 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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed... *Frank B. Witt*

Licensed Embalmer No. 3021

P.O. Address *Moberly, 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.