

FILED JUN 18 1943
Registration District No. **399**

Primary Registration District No. **1002**

48
3
8

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

1. PLACE OF DEATH:

(a) County **Jackson**

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

(c) Name of hospital or institution:
St. Mary's Hospital **0**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **6 weeks**
(Specify whether years, months or days)

In this community **3 1/2 months**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **California** (b) County **LA** **999**

(c) City or town **Burbank** **0**
(If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location) **2**

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

If yes, name country

3. (a) PRINT FULL NAME **Mrs. Jennie Gilliam**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **None**

4. Sex **Female** **5. Color or race** **White**

6. (a) Single, widowed, married, divorced **1** **named**

6. (b) Name of husband or wife **Walter T. Gilliam**

6. (c) Age of husband or wife if alive **60** years

7. Birth date of deceased **June 17 1883**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
58	11	23 hr. min.

9. Birthplace **Missouri** **0**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business

MOTHER {

12. Name **Ellsworth Clark**

13. Birthplace **Missouri** **0**
(City, town, or county) (State or foreign country)

14. Maiden name **Carrie McFadden**

15. Birthplace **Illinois** **1**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Helen McClellan**

(b) Address **532 N. Sparks, Burbank, California**

17. (a) Removal **(b) Date thereof** **6-12-1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Glendale, California**

18. (a) Signature of funeral director **Freeman Mortuary**

(b) Address **Kansas City, Missouri**

19. (a) 6-11-42 **(b) M. M. Crowe**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **10**
year **1942** hour **7** minute **45 P.** M.

21. I hereby certify that I attended the deceased from **4-15-42** to **6-10-42**
what I last saw him alive on **6-10-42**

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

Immediate cause of death **Pneumococci Meningitis** **42 days**
Duration

Due to **Pneumococci Endocarditis** **7**

Due to **81w**

Other conditions **arterio-sclerosis** **?**
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy **as above**

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?

While at work? (Specify type of place) (Specify means of injury) **0**

23. Signature **Hubert M. Varley** (M. D. **0**)

Address **736 Apple** Date signed **6-11-42**

1856 11 11
2:45-5:00
Amber Room
member: 1111

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.....

Licensed Embalmer No.....

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.