

FILED JUN 13 1942

Registration District No. 238

Primary Registration District No. 5328

Registrar's No. _____

1. PLACE OF DEATH: Dade
 (a) County Dade
 (b) City or town Lockwood, Mo. R.F.D. No. 1
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Marion Supp
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution no (Specify whether
 In this community 73 years years, months or days)

3. (a) PRINT FULL NAME John Henry Gillman
 3. (b) If veteran, name war X 3. (c) Social Security No. X

4. Sex male 5. Color or race white
 6. (a) Single, widowed, married, divorced Widower
 6. (b) Name of husband or wife Katherine Gillman
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Dec. 6th. 1861
 (Month) (Day) (Year)

8. AGE: Years 80 Months 5 Days 5 If less than one day
 hr. _____ min. _____

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

10. Usual occupation Farming

11. Industry or business _____

MOTHER FATHER {
 12. Name J.H. Gillman
 13. Birthplace Germany
 (City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant Arthur Gillman
 (b) Address Lockwood, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 14 42
 (Month) (Day) (Year)
 (c) Place: burial or cremation Lockwood Mo.

18. (a) Signature of funeral director Ray Caldwell
 (b) Address Lockwood, Mo.

19. (a) May 13, 42 (Date received local registrar) (b) Quince M. Conner (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Dade
 (c) City or town Lockwood, Mo. R.F.D. #1.
 (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. ? _____ years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month May day 11
 year 1942 hour eight minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan 1 1942 to May 11 1942
 that I last saw him alive on April 6 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis
Influenza
 Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) 930
 Major findings:
 Of operations _____
 Of autopsy _____

Duration _____
 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)
 (e) Means of injury _____

23. Signature James A. Wren (M. D. or other) _____
 Address Lockwood Date signed 5-12-42

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

RECEIVED

District Health Officer No. 6,

District File Number 642-833

Date Filed JUN 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.....

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

working under my personal supervision.

Signed.....

Licensed Embalmer No. 3380

P. O. Address Lockwood, Me

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.