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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 334

Primary Registration District No. 4197

Registrar's No. 53

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

1. PLACE OF DEATH:  
 (a) County HARRISON  
 (b) City or town BETHANY Turn  
 (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 \_\_\_\_\_ (Specify whether  
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State MISSOURI (b) County HARRISON  
 (c) City or town BLYTHEDALE  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) Citizen of foreign country? No. (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MARY JANE GILLESPIE  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month 6 day 4  
 year 1942 hour 6 minute 30 P. M.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced WIDOW  
 6. (b) Name of husband or wife JAMES 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

21. I hereby certify that I attended the deceased from May 5 1942, to 6-3 1942;  
 that I last saw her alive on 6-3 1942  
 and that death occurred on the date and hour stated above.

7. Birth date of deceased 8 29 1868  
 (Month) (Day) (Year)

Immediate cause of death  
Softening of brain Duration 4 days  
 Due to Cerebral embolism & thrombosis 5 days  
 Due to Arteriosclerosis 10  
 Other conditions Nervous shock  
 (Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day  
73 9 5 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation HOUSE WORK  
 11. Industry or business \_\_\_\_\_  
 12. Name JOSEPH LEE POLLEY  
 13. Birthplace Do NOT KNOW 91  
 (City, town, or county) (State or foreign country)

Major findings:  
 Of operations none  
 Of autopsy none  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

14. Maiden name MARGARET JACKSON  
 15. Birthplace Do NOT KNOW 9  
 (City, town, or county) (State or foreign country)

16. (a) Informant Delmar Gillespie  
 (b) Address Bethany, Mo.  
 17. (a) BURIAL (b) Date thereof 6/7/42  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation BLYTHEDALE, Mo.  
 18. (a) Signature of funeral director S. M. Nass  
 (b) Address Bethany, Mo.  
 19. (a) June 6-1942 (b) Zola M. Burris  
 (Date received local registry) (Registrar's signature)

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 W. A. Boyles (M. D. or other) \_\_\_\_\_  
 Address Bethany Mo. Date signed 6/6/42

**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..... *Thornton K. Haas* .....

Licensed Embalmer No. *2861* .....

P. O. Address..... *Bethany, 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.**