. S. No. 2
M—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 14 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

22060

State File No. 65

Registration District No. 719 Primary Registration District No. 5950 Registrar's No. 65

1. PLACE OF DEATH:

(a) County PUTNAM

(b) City or town RURAL Elm. Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: STAHL, MO RFD 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ✓ (Specify whether
In this community LIFE
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Putnam 86

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

(d) Street No. Stahl, Mo RFD
(If rural, give location)

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

If yes, name country ✓

3. (a) PRINT FULL NAME DELLA GILLUM

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex F 1 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife B.F. GILLUM 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased 8 (Month) 11 (Day) 1880 (Year)

8. AGE: Years 61 Months 10 Days 8 If less than one day ___ hr. ___ min.

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

10. Usual occupation

11. Industry or business House Wife

FATHER
12. Name Wess Casady
13. Birthplace Mo (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ellen Beard
15. Birthplace Mo (City, town, or county) (State or foreign country)

16. (a) Informant Ben Gillum
(b) Address Stahl Mo (21)

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-24-42 (Month) (Day) (Year)
(c) Place: burial or cremation Ledford Cem.

18. (a) Signature of funeral director Hirsted & Son
(b) Address Unionville Mo

19. (a) 6/29/194 (Date received local registrar) (b) [signature] (Registrar's signature)

10.47

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18
year 1942 hour 3:00 minute P.M.

21. I hereby certify that I attended the deceased from ___, 19___, to ___, 19___
that I last saw h___ alive on ___, 19___
and that death occurred on the date and hour stated above.

Immediate cause of death Suicide
Strangulation by hanging

Due to Insanity

Due to

Other conditions
(Include pregnancy within 3 months of death)

164a

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) Suicide

(b) Date of occurrence June 18-1942

(c) Where did injury occur? Stahl RFD. Putnam, Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
At home
(Specify type of place)

While at work? (e) Means of injury 2

23. Signature Ed Jones Coroner (M.D. or other)

Address Unionville, Mo. Date signed 6-19-42

(Licensed Embalmer's Statement on Reverse Side)

JUL 28 1942

RECEIVED
District Health Officer No. 10
District File Number 7-42-1397
Date Filed JUL 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 Murl E Husted

Licensed Embalmer No. 3304

P. O. Address Unionville 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.