DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 5 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31641

Registration District No. 369 | Primary Registration District No. 6253 | Registrar's No. 17

1. PLACE OF DEATH:

(a) County WAYNE

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

(c) Name of hospital or institution: ON MO. P.R.R. ABOUT TWO MILES FROM ABOVE (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)

In this community TRANSIENT

2. USUAL RESIDENCE OF DECEASED: 997

(a) State MASS (b) County MIDDLESEX

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

(d) Street No. UNKNOWN (If rural, give location)

(e) If foreign born, how long in U. S. A.? — 2 years.

3. (a) PRINT FULL NAME JOSEPH RUSSELL GULLAGE

3. (b) If veteran, name war SOLDIER

3. (c) Social Security No. none

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife ELIZABETH GULLAGE

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

7. Birth date of deceased NOV (Month) 3 (Day) 1900 (Year)

8. AGE: Years	Months	Days	If less than one day
41	10	15	____ hr. ____ min.

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

10. Usual occupation SOLDIER

11. Industry or business U.S. ARMY

FATHER
12. Name unknown
13. Birthplace unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant's own signature Service Record of Army By Nex Gist

(b) Address Piedmont Mo.

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof Sept 29 1942 (Month) (Day) (Year)

(c) Place: burial or cremation SOMERVILLE

18. (a) Signature of funeral director LOUIS H. BOPP

(b) Address KIRKWOOD, MO.

19. (a) Sept. 29, 1942 (Date received local registrar) (b) Mrs. Lottie MANNS (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 18 year 1942 hour ABOUT 10:00 minute P M.

21. I hereby certify that I attended the deceased from ____, 19__, to ____, 19__; that I last saw him on SEPT 19, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death X unknown Cause	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

169-8

3

Major findings:
Of operations

Of autopsy UNNCESSARY BODY MUTILATED

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) ACCIDENT 111

(b) Date of occurrence SEPT 18 1942

(c) Where did injury occur? NEAR WILLIAMSVILLE (City or town) WAYNE (County) MO (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? MISSOURI PACIFIC RR. TRACK (Specify type of place)

While at work? UNKNOWN (e) Means of injury TRIAN

23. Signature J. H. Taylor (M.D. or other) J. P. ACTING CORONER

Address Williamsville Mo Date signed 9/26

(Licensed Embalmer's Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 5-17-39 I X19511

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 Me

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

working under my personal supervision.

Signed Norman W. Gish

Licensed Embalmer No. 3387

P. O. Address Piedmont 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, above space should be left blank.