

FILED FEB 23 1943
Registration District No. 05

Primary Registration District No. 1001/1000

State File No. _____

Registrar's No. 164

1. PLACE OF DEATH:

(a) County: BUCHANAN
(b) City or town: ST. JOSEPH
(c) Name of hospital or institution: State Hospital No. 2
(d) Length of stay: In hospital or institution: 8 mo, 8 mo, 1 day
In this community: 8 years, 8 mo, 7 days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Buchanan
(c) City or town: St. Joseph
(d) Street No.: 2133 S. 12th
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME: Howard Gill

3. (b) If veteran, name war:
3. (c) Social Security No.: None

4. Sex: Male, race: White
5. Color or divorced: Single
6. (b) Name of husband or wife: _____
6. (c) Age of husband or wife if alive: _____ years
7. Birth date of deceased: 5-10-1907

8. AGE: Years: 35, Months: 8, Days: 17, If less than one day: _____ hr. _____ min.

9. Birthplace: Bethel County, Kentucky

10. Usual occupation: Farming

11. Industry or business: _____

MOTHER FATHER { 12. Name: Ruben Gill
13. Birthplace: Bethel County, Kentucky
14. Maiden name: Fela Bowles
15. Birthplace: Nicholas County, Kentucky

16. (a) Informant: Ruben Gill
(b) Address: 2336 S. 11th St. Joseph, Mo.

17. (a) Burial (b) Date thereof: Jan 30, 1943
(c) Place: Mt. Auburn Cemetery

18. (a) Signature of funeral director: R. C. Cuddeback
(b) Address: 602 So. 10th Street, St. Joseph

19. (a) 1/28/43 (b) Ros O. Gernog, ms.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: January, day: 27, year: 1943, hour: 8:40, minute: P., M.

21. I hereby certify that I attended the deceased from November 28, 1942, to January 27, 1943, that I last saw him alive on January 27, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death: Hypostatic Pneumonia, Epilepsy

Other conditions: (Include pregnancy within 3 months of death) JS

Major findings: Of operations: _____
Of autopsy: _____

Duration
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? _____
(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. G. Purvis (M. D. or other) _____
Address: State Hosp # 2 Date signed: 1-28-43

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

MOTHER FATHER

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 *Mollie E. Sidenfaden Fox*

Licensed Embalmer No. *4235*

P. O. Address *St. Joseph, 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.