

FILED MAR 8 1943
9-2

Registration District No. _____

Primary Registration District No. 4153

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Dade
(b) City or town Lockwood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community lifetime resident (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dade
(c) City or town Lockwood, Mo.
(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.? 0 years.

3. (a) PRINT FULL NAME Elizabeth Gillman

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

4. Sex Fe 5. Color or race white 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept. 26th 1876
(Month) (Day) (Year)

8. AGE: Years 66 Months 4 Days 17 If less than one day hr. _____ min.

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

10. Usual occupation Keeping her own home

11. Industry or business _____

MOTHER FATHER { 12. Name J. H. Gillman
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace _____ 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Chas. & Carrie Gillman

(b) Address Lockwood, Mo.

17. (a) burial (b) Date thereof Feb. 14th 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lockwood

18. (a) Signature of funeral director Ray Caldwell

(b) Address Lockwood, Mo.

19. (a) Feb. 14, 43 (b) Bernice M. Coine
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. 12 day 12th year 1943 hour 2:00 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from October 19 42 to Feb. 11 43 that I last saw her alive on Feb. 11, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma uterus

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy Carcinoma uterus

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 J. O. Cornburn (M.D. or other)
Address Lockwood, Mo. Date signed _____

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

6169

RECEIVED

District Health Officer No. 6,

District File Number 323-319

Date Filed MAR 5 1943

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.....

.....
working under my personal supervision.

Registered Apprentice No.....

Signed

Licensed Embalmer No. 3380

P. O. Address Lockwood

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.