S. No. 2
M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY - 3 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13178

Registration District No. 749

Primary Registration District No. 1002

Registrar's No. 1653

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: 1116 Cleveland
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community Over 35 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48 3

(c) City or town Kansas City 8
(If outside city or town limits, write "RURAL")

(d) Street No. 1116 Cleveland
(If rural, give location)

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

If yes, name country ..... S

3. (a) PRINT FULL NAME James V. Gillespie

3. (b) If veteran, name war no

3. (c) Social Security No. 486-26-4593

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Lucy Gillespie

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

7. Birth date of deceased April (Month) 23 (Day) 1877 (Year)

8. AGE: Years 65 Months 11 Days 5/12 If less than one day ..... hr. ..... min.

9. Birthplace Adair County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Plumber

11. Industry or business Formerly with Water Dept.

FATHER
12. Name James Gillespie
13. Birthplace ..... (City, town, or county) Ireland 4 (State or foreign country)

MOTHER
14. Maiden name Margaret Farley
15. Birthplace ..... (City, town, or county) Ireland 4 (State or foreign country)

16. (a) Informant Mrs. Lucy Gillespie
(b) Address 1116 Cleveland

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-8-43 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. St. Mary's Cemetery

18. (a) Signature of funeral director J. F. [illegible] Co.
(b) Address 3256 Broadway

19. (a) 4-7-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5th. year 1943 hour 6 minute 35 P.M.

21. I hereby certify that I attended the deceased from Sept 1942 April 5 1943, to ..... 1943 that I last saw him alive on April 5 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Acute dilatation of heart

Due to Chronic Myocarditis Arteriosclerosis

Due to Hypertension

Other conditions 93 D
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy None

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) .....

(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? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature W. Connelly Anderson (M. D. or other) MD

Address 65 20 Quay ave Date signed 4-7-43

561

(Licensed Embalmer's Statement on Reverse Side)

Dr. T. Connelly Ander
6520 Independence Ave

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 Paul G. Rowe

Licensed Embalmer No. 2344

P. O. Address K. C. 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.