

FILED
AUG 10 1943

Registration District No. 38

Primary Registration District No. 3.006

Registrar's No. 180

1. PLACE OF DEATH:

(a) County Boone

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

(c) Name of hospital or institution Ellis Tushet State Cancer Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 61 days
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Carthage 3
(If outside city or town limits, write "RURAL")

(d) Street No. County Home
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME James J. Gilpin

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Jannie Moore

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

7. Birth date of deceased: 9 (Month) 17 (Day) 59 (Year)

8. AGE: Years 82 Months 10 Days 13 If less than one day 5 hr. _____ min.

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

10. Usual occupation Switchman

11. Industry or business Railroad

12. Name Ed. Gilpin

13. Birthplace Dublin Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Martha Busch

15. Birthplace Paris France
(City, town, or county) (State or foreign country)

16. (a) Informant Ph. (James) Gilpin

(b) Address Hospital Reports

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 3 43
(Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park (Boone)

18. (a) Signature of funeral director R. Sweet

(b) Address Columbia Mo

19. (a) Aug 30 43 (Date received local registrar) (b) Edna W. Barber (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30 year 1943 hour 5:00 minute _____ A. M.

21. I hereby certify that I attended the deceased from May 29 1943 to July 30 1943;

that I last saw him alive on July 30 1943;

and that death occurred on the date and hour stated above.

Immediate cause of death Sarcoma of eye with metastases to heart lung 5 yrs +

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 55e

Duration

PHYSICIAN

Major findings: Of operations _____

Of autopsy see above

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. K. Sherman (M. D. or other) M.D.

Address Cancer Hospital, Columbia Date signed 8/2/43

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

MOTHER FATHER

1250

11
11
11

Handwritten notes and scribbles on the left side of the page.

Handwritten notes and scribbles on the right side of the page, including the letters 'W' and 'M'.

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.

No Embalming
Signed

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

Licensed Embalmer No.....

P. O. Address.....

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.