

FILED OCT 6 1943

Registration District No. **7**

Primary Registration District No. **3008**

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

1. PLACE OF DEATH:

(a) County **Callaway**

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

(c) Name of hospital or institution:  
**Callaway Co. Hospital**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **6 days**  
(Specify whether years, months or days)

In this community **Twenty Years**

3. (a) PRINT FULL NAME **CLARENCE FRANCIS GILL**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **No**

4. Sex **M** 5. Color or race **W**

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

6. (b) Name of husband or wife **Cora Gill**

6. (c) Age of husband or wife if alive **65** years

7. Birth date of deceased **May 27 1869**  
(Month) (Day) (Year)

8. AGE: Years **74** Months **3** Days **23**  
If less than one day hr. min.

9. Birthplace **St. Louis Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired**

11. Industry or business

12. Name **James T. Gill**

13. Birthplace **Readsville Missouri**  
(City, town, or county) (State or foreign country)

14. Maiden name **Julia P. Pullman**

15. Birthplace **St. Louis Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Cora Gill**

(b) Address **814 Bluff St, Fulton, Mo.**

17. (a) **Cremation** (b) Date thereof **9/22/43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Oak Grove Cem, St. Louis**

18. (a) Signature of funeral director **Geo G. Wallace**

(b) Address **10 W 6th St, Fulton, Mo.**

19. (a) **9-21-1943** (b) **Joan M. Rankin**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Callaway**

(c) City or town **Fulton, Missouri**  
(If outside city or town limits, write "RURAL")

(d) Street No. **814 Bluff St.**  
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept. 20** day  
year **1943** hour **1** minute **22** P.M.

21. I hereby certify that I attended the deceased from **9/15/43** 19 to **9/20 1943**  
that I last saw him alive on **9/20 1943**  
and that death occurred on the date and hour stated above.

Immediate cause of death **acute bilateral bronchopneumonia (organism unknown)**

Duration **7 days**

Due to **chr. myocarditis** months

Due to **arteriosclerosis**

Other conditions (Include pregnancy within 3 months of death)

Major findings: **none** **93d**

Of operations

Of autopsy **none**

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?

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

23. Signature **Henry W. D. M.D.** (M. D. or other)

Address **Fulton, Mo.** Date signed **9/21/43**

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OCT 7 1949  
OCT 6 1949

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..... *Edward E. White*.....

Licensed Embalmer No. .... *4168*.....

P. O. Address..... *Fulton 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.**