

S. No. 2
MI--2-43
7-5-17-39
X35867

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 26 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38022

Registration District No. 72

Primary Registration District No. 3013

State File No. _____

93

Registrar's No. _____

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

1. PLACE OF DEATH:

(a) County clay
(b) City or town no Kan city mo
(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 _____ (Specify whether
In this community 15 years (Specify whether
years, months or days)

3. (a) PRINT FULL NAME WILLIAM-LAURY GILLESPIE

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

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

6. (b) Name of husband or wife Mary Gillespie 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased april 27 - 1889
(Month) (Day) (Year)

8. AGE: Years 54 Months 6 Days 14 If less than one day hr. _____ min. _____

9. Birthplace Green Top mo
(City, town, or county) (State or foreign country)

10. Usual occupation Shipping Clerk

11. Industry or business Industrial

12. Name John Clint Gillespie

13. Birthplace clayton ill
(City, town, or county) (State or foreign country)

14. Maiden name Delilah J. Zuffard

15. Birthplace indian mo
(City, town, or county) (State or foreign country)

16. (a) Informant Police Department

(b) Address no Kan city mo

17. (a) Burial (b) Date thereof 11-15-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation liberty - mo

18. (a) Signature of funeral director Morton Funeral Home
(b) Address north KC mo
19. (a) Nov 12 - 1943 (b) Paul H. Henry
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County clay
(c) City or town no Kan city mo
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? born in base (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 10
year 1943 hour 8:45 minute _____ P. M.

21. I hereby certify that I attended the deceased from born in base 19____ to 19____
that I last saw him alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Accident Caused By Being Struck By auto Driven By Dardier
Due to accident motor vehicle

Due to corner

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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) Accident 12.1

(b) Date of occurrence Nov-10-1943 8:45 PM

(c) Where did injury occur? 26th Broadway St N-CC mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Street, N-CC mo
(Specify type of place)

While at work? _____ (e) Means of injury 3
23. Signature P.W. Pracher Coroner
(M. D. or other)
Address Et celision Springs mo Date signed 11-11-43

FEB 24 1948

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 11-24-43

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

John S. Marton

Licensed Embalmer No. 4349

P. O. Address North Kemo

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.