

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42415

FILED JAN 10 1944

Registration District No. 137

Primary Registration District No. 5513

State File No.

Registrar's No. 230

1. PLACE OF DEATH

(a) County Henry  
(b) City or town Clinton  
(c) Name of hospital or institution: None  
(If outside city or town limits, write "RURAL" and name of township)  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether)  
In this community 8 mo years, months or days

3. (a) PRINT FULL NAME Emily Stuart Gilliam

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

4. Sex 7 5. Color or race W 6. (a) Single, widowed, married, divorced single

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

7. Birth date of deceased June 15 1873  
(Month) (Day) (Year)

8. AGE: Years 70 Months 6 Days 3 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

12. Name Wm Harrison Gilliam

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

14. Maiden name Alice Boggs

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

16. (a) Informant Mrs. Gladys N. Nunnally

(b) Address Clinton Mo

17. (a) Buried (b) Date thereof 12 24 43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Gallatin Mo

18. (a) Signature of funeral director Constance West

(b) Address Clinton Mo

19. (a) Dec 20 1943 (b) Georgia Kitchen  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry  
(c) City or town Clinton Mo rural  
(If outside city or town limits, write "RURAL")

(d) Street No. R R # 2  
(If rural, give location)

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

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 18th  
year 1943 hour 7 minute 10 P.M.

21. I hereby certify that I attended the deceased from June 1943 to Dec 12 1943  
that I last saw her alive on Dec 12 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death respiratory failure  
Due to lateral sclerosis 2 yrs.

Other conditions (Include pregnancy within 3 months of death) 82 il

Major findings: Of operations. Of autopsy. 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 R. J. Powell Date signed 12/20/43  
Address Clinton Mo

RECEIVED  
OFFICE No 7,  
12-43-1447  
Date Filed 1-6-44

### 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

*J. E. Consalvo*

Licensed Embalmer No. 1891

P. O. Address Canton, Md.

**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.**