No. 2
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5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3303

FILED FEB 9 1944

Registration District No. 166 Primary Registration District No. 4254 Registrar's No. 1

1. PLACE OF DEATH:
(a) County Johnson
(b) City or town Knob Noster
(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 years, months or days)
In this community 50 years.

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Johnson 51
(c) City or town Knob Noster
(If outside city or town limits, write "RURAL") 0
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME George Mayes Gillum
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 Married
6. (b) Name of husband or wife Minnie S Gillum
6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased January (Month) 18 (Day) 1865 (Year)
8. AGE: Years 78 Months 10 Days 15 If less than one day hr. min.
9. Birthplace Johnson Co. (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Stockman + farmer
11. Industry or business
FATHER
12. Name John J. Gillum
13. Birthplace Virginia (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Margarite Ann Mayes
15. Birthplace Kentucky (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Geo. Gillum
(b) Address Knob Noster Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 5 1944 (Month) (Day) (Year)
(c) Place: burial or cremation City Cem. Knob Noster
18. (a) Signature of funeral director C. L. Sauls
(b) Address Knob Noster Mo.
19. (a) 1-5-1944 (Date received local registrar) (b) Mrs C. L. Sauls (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 3 year 1944 hour minute 0 A.M.
21. I hereby certify that I attended the deceased from Dec 16, 1943 to Jan 3, 1944 that I last saw him alive on Jan 3, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocardial Degeneration	6 Mo
Due to Dilated heart from	
Asthma + age	
Due to	
Other conditions contrib. Flu. (Include pregnancy within 3 months of death)	

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature H. E. Walker (M. D. or other)
Address La Monte Mo Date signed 1-4-44

(Licensed Embalmer's Statement on Reverse Side)

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 C. L. Sault, Registered Apprentice No. ....., working under my personal supervision.

Signed C. L. Sault

Licensed Embalmer No. 1086

P. O. Address Knob Noster 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.