

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED MAR 15 1944  
275

5943

Registrar's No. 3

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

81  
0  
0  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Phelps

(b) City or town Spring Creek Twp  
(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 8 1/2 yrs  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Phelps

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

(d) Street No. \_\_\_\_\_ (If rural, give location)

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

If yes, name country: \_\_\_\_\_

3. (a) PRINT FULL NAME John Henry Pillman

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 13  
year 1944 hour 6:45 PM minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from June 1943 to Feb 13, 1944  
that I last saw him alive on Feb 9, 1944  
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Mary Freeman Pillman 6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased Mar 23 1862  
(Month) (Day) (Year)

Immediate cause of death Gangrene of lower extremities

Due to Chronic Nephritis

8. AGE: Years Months Days If less than one day

81 10 20 hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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

10. Usual occupation Farming

11. Industry or business \_\_\_\_\_

12. Name Louis F. Pillman

13. Birthplace St. Louis Co Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Alayeth Wagner

15. Birthplace Spring Creek Mo  
(City, town, or county) (State or foreign country)

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 0

16. (a) Informant Ben B. Pillman

(b) Address \_\_\_\_\_

17. (a) Burial (b) Date thereof Feb 15-1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Spring Creek Mo

18. (a) Signature of funeral director [Signature]

(b) Address Newburg Mo

19. (a) Feb. 14, 1944 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

23. Signature R. D. Brewer (M. D. or nurse)

Address Newburg Mo Date signed 2/14/44

APR 10 1947

NOV 24 1948

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.

Registered Apprentice No.

Signed

*Not Embalmed*  
*Lee Johnson*

Licensed Embalmer No.

*3392*

P. O. Address

*Newburg 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.