

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

10347

State File No. _____

Registration District No. 21

Primary Registration District No. 5100

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Bates.
(b) City or town South Drexel, West Boone Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Not in hospital. In own home.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None.
(Specify whether
In this community Life.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates.
(c) City or town South Drexel.
(If outside city or town limits, write "RURAL")
(d) Street No. West Boone Twp.
(If rural, give location)
(e) If foreign born, how long in U. S. A? 0 years.

3. (a) PRINT FULL NAME GEORGE HENRY GILLOGLY.

3. (b) If veteran, name war None. 3. (c) Social Security No. None.

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Jessie Gillogly.
6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased August, 6th 1875.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 5 26 hr. _____ min.

9. Birthplace Cass County Missouri.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer.
Retired.

11. Industry or business

MOTHER FATHER { 12. Name Elmer Gillogly, Sr.
13. Birthplace Ohio.
(State or foreign country)
14. Maiden name Lyla Deiker,
15. Birthplace Ohio.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Jessie Gillogly,
(b) Address Drexel, Missouri.

17. (a) Burial (b) Date thereof 2/4/44.
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Sharon Cemetery.

18. (a) Signature of funeral director [Signature]
(b) Address Drexel, Mo.

19. (a) 2/3/44. (b) L.A. Mungold
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 2nd
year 1944 hour 6 minute 30 P. M.

21. I hereby certify that I attended the deceased from Aug 5
1943 to Feb. 2nd 1944
that I last saw him alive on Feb. 1st, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Prostate 4 yrs

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 51 F
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) _____
(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) (a) Means of injury ?
23. Signature Clifford Van Pelt (M. D. [Signature])
Address Paola, Kans. Date signed 2/3/44

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

RECEIVED

District Health Officer No. 7,

District File Number 3-44-363

Date Filed 4-7-44

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, ~~and by~~.....

....., Registered Apprentice No.

~~working under my personal supervision.~~

Signed.....

Licensed Embalmer No. 1950

P. O. Address Drexel - 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, above space should be left blank.