No. 2
-8-43
-17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 8 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10368

Registration District No. 32 Primary Registration District No. 4042 Registrar's No. 30

1. PLACE OF DEATH:

(a) County Bollinger

(b) City or town Lutesville
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Home (Specify whether
In this community 2 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bollinger 9

(c) City or town Lutesville, Mo. 0
(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 0

3. (a) PRINT FULL NAME Birtha Gilliland

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F-Male

5. Color or race White 1

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Francis Gilliland

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased April (Month) 4 (Day) 1892 (Year)

8. AGE: Years 51 Months 11 Days 12 If less than one day hr. min.

9. Birthplace Bollinger County (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation house wife

11. Industry or business

FATHER
12. Name William Loranza Abernathy 0
13. Birthplace Bollinger County (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Ebbie Slagle
15. Birthplace Bollinger County (City, town, or county) Mo 0 (State or foreign country)

16. (a) Informant Francis Gilliland
(b) Address Lutesville, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/17/44 (Month) (Day) (Year)
(c) Place: burial or cremation Berong Cemetary

18. (a) Signature of funeral director Robert E. Krum
(b) Address Lutesville, Mo.

19. (a) 3/20/44 (Date received local registrar) (b) Mrs. Geneva Graham (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16
year 1944 hour 2 minute 00 A.M.

21. I hereby certify that I attended the deceased from Jan 15, 1944, to March 16, 1944
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Tuberculae Pentonitis	
Due to	
Due to	
Other conditions None (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

15

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 D. L. Seabaugh (M.D. or other)
Address Jenkins Mo Date signed 3-20-44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 444-3629

Date Filed 4-6-44

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. Glenn Wilson

Licensed Embalmer No. 2828

P. O. Address Jackson Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.