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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10631

FILED APR 5 1944

Registration District No. _____

Primary Registration District No. 4095

Registrar's No. 44

19
00
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County CASS.
(b) City or town DREXEL, MISSOURI.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Not in hospital. At home. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Does not apply.
(Specify whether
In this community 69 years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County Cass
(c) City or town Drexel
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MACE DONIA GILLIAM

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced, single
6. (b) Name of husband or wife none. 6. (c) Age of husband or wife if alive ----- years
7. Birth date of deceased September, 12, 1866.
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>6</u>	<u>2</u>	hr. min.

9. Birthplace Scott County, Virginia.
(City, town, or county) (State or foreign country)

10. Usual occupation Household Duties.

11. Industry or business At Home.

MOTHER FATHER { 12. Name Francis M. Gilliam,
13. Birthplace Scott County, Virginia.
(City, town, or county) (State or foreign country)
14. Maiden name Viana Bishop,
15. Birthplace Scott County, Virginia.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. T. R. Bane,
(b) Address Drexel, Missouri.

17. (a) Burial (b) Date thereof Mar. 16, 1944.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sharon Cemetery.

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

19. (a) 3/15/1944. (b) Margaret Valle
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March, day 14th
year 1944 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from March 13th, 1944 to March, 14th, 1944
that I last saw her alive on March, 14th, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Cardiac Dilatation Duration 2 1/2 hrs

Due to _____
Due to _____
Other conditions _____
(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? _____

While at work? _____ (Specify type of place)
(c) Means of injury no
23. Signature Basel C. Hartwell (M. D. or R. N.)
Address Drexel, Mo. Date signed 3/15/1944

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JUN 12 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.....

~~Registered Apprentice No.~~

~~working under my personal supervision.~~

Signed..... *[Signature]*

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, fact should be so stated above.