

S. No. 2  
M-8-43  
5-17-39  
K37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18899

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

FILED JUN 12 1944

Primary Registration District No. 4461

Registrar's No. 32

1. PLACE OF DEATH: Pike  
 (a) County Pike  
 (b) City or town Bowling Green  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: 1515 Main St.  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution No. (Specify whether)  
 In this community 4 yrs. (years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Pike 82  
 (c) City or town Bowling Green  
 (If outside city or town limits, write "RURAL") 0  
 (d) Street No. Main St (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country 0

3. (a) PRINT FULL NAME Mollie B. Gillum  
 3. (b) If veteran, No name war  
 3. (c) Social Security No. yes

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month May day 17  
 year 1944 hour 5 minute a M.

4. Sex Female 5. Color or race White  
 6. (a) Single, widowed, married, divorced, Widow  
 6. (b) Name of husband or wife Rudley W. Gillum  
 6. (c) Age of husband or wife if alive years  
 7. Birth date of deceased June 5 1866  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 1 1944 to May 17 1944  
 that I last saw her alive on May 16 1944  
 and that death occurred on the date and hour stated above.

8. AGE: Years 77 Months 11 Days 12  
 If less than one day hr. min.

Immediate cause of death Cardiac Insufficiency Duration 10 days  
 Due to Senility of Coronary Thrombosis 5 yrs  
 Due to \_\_\_\_\_

9. Birthplace Louisiana No 0  
 (City, town, or county) (State or foreign country)

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

10. Usual occupation at Home

Major findings: Of operations 938  
 Of autopsy \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

MOTHER FATHER  
 11. Industry or business \_\_\_\_\_  
 12. Name Andrew J. Chilton  
 13. Birthplace Va. 1  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Nancy Kelso  
 15. Birthplace Va. 1  
 (City, town, or county) (State or foreign country)

16. (a) Informant Marion Gillum  
 (b) Address Bowling Green

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? \_\_\_\_\_

17. (a) Burial (b) Date thereof May 18-1944  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation antioch cemetery

18. (a) Signature of funeral director W. B. C. Moore  
 (b) Address Bowling Green Mo

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury no.  
 23. Signature W. M. Mathews (M. D. or other)  
 Address Bowling Green Mo Date signed 5/18/44

19. (a) May 30 44 (b) Wm Frank Gordon  
 (Date received local registrar) (Registrar's signature)

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

82  
1  
0

1148

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 10

District File Number 6-44-1125

Date Filed JUN-9-1944

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**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..... *W.B. Moore* .....

Licensed Embalmer No. 3466

P. O. Address Bowling Green

**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.