

V. S. No. 2
 FORM-8-43
 Rev. 5-17-39
 X37823

25466

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED AUG 24 1944

Registration District No. _____

Primary Registration District No. 14415

Registrar's No. 17

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

1. PLACE OF DEATH:
 (a) County Pike
 (b) City or town Clarksville
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Home
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether _____)
 In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. County Pike 82
 (c) City or town Clarksville
(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 Mary Bankhead Gillum
 (b) If veteran, name war X
 (c) Social Security No. none

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month July day 27th
 year 1944 hour 9-15 minute _____ P. M.

4. Sex Female 5. Color or race white
 6. (a) Single, widowed, married, divorced married
 (b) Name of husband or wife Mark M. Gillum Feb 9th 1867
 6. (c) Age of husband or wife if alive 79 years

21. I hereby certify that I attended the deceased from July 27, 1944, to July 27, 1944
 that I last saw her alive on July 27, 1944
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>5</u>	<u>22</u>	hr. _____ min. _____

Immediate cause of death Cerebral hemorrhage Duration 4 1/2 hr
 Due to General arteriosclerosis unknown

9. Birthplace Paynesville Mo.
(City, town, or county) (State or foreign country)
 10. Usual occupation Housewife

Due to Age
 Other conditions _____
(Include pregnancy within 3 months of death)

11. Industry or business _____
 12. Name Cary R. Bankhead
 13. Birthplace Albemarle Va
(City, town, county) (State or foreign country)
 14. Maiden name Amanda Ellen Clark
 15. Birthplace Palmira Mo.
(City, town, county) (State or foreign country)

Major findings: 830
 Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Miss Kate Bankhead
 (b) Address Clarksville, Mo.
 17. (a) Burial (b) Date thereof 7 29-1944
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Clarkville, Mo. Grace Bankhead

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)

18. (a) Signature of funeral director Grace Bankhead
 (b) Address Bowling Green Mo.
 19. (a) July 28, 1944 (b) Maudie M. Patton
(Date received local registrar) (Registrar's signature)

While at work? _____ (e) Means of injury _____
 23. Signature E M Bartlett (M. D. or other) _____
 Address Clarkville Mo. Date signed 7/28/44

RECEIVED

District Health Officer No. 10

District File Number 8-44-1426

Date Filed AUG 11 1944

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 Grace Banks Lead

Licensed Embalmer No. 2214

P. O. Address Bowling Green, 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.