

No. 2
M-2-43
5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37124

State File No. _____

Registrar's No. 284

FILED DEC 15 1944
Registration District No. 3006

Primary Registration District No. 3006

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

1. PLACE OF DEATH:
(a) County Boone
(b) City or town Columbia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Boone County Hospital
(If not in hospital or institution, write street number or location) ✓
(d) Length of stay: In hospital or institution 1 Month
In this community 67 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME JOHN ESTES GILLASPIE
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Julia Frances Gillaspie 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 9 - 28 - 1877
(Month) (Day) (Year)

8. AGE: Years 67 Months 1 Days 20 If less than one day hr. _____ min. _____

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

10. Usual occupation Druggist

11. Industry or business _____

MOTHER { 12. Name James Porter Gillaspie
13. Birthplace Virginia
(City, town, or county) (State or foreign country)
FATHER { 14. Maiden name Jennie Steen
15. Birthplace Mississippi
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J.E. Gillaspie
(b) Address 512 Burnam, Columbia, Mo.

17. (a) Burial (b) Date thereof 11-19-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Columbia Cemetery

18. (a) Signature of funeral director Barber Funeral Service
(b) Address Columbia, Mo.

19. (a) 11-21-44 (b) Edna H. Barb
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Boone
(c) City or town Columbia
(If outside city or town limits, write "RURAL")
(d) Street No. 512 Burnam
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov. day 18
year 1944 hour 2 minute 30 A.M.

21. I hereby certify that I attended the deceased from Oct 17
1944 to 1944
that I last saw him alive on Nov 17 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis
Duration _____

Due to _____

Due to _____

Other conditions Pneumonia, Bronchitis
(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) _____
Means of injury _____

23. Signature [Signature] (or other) _____
Address [Address] Date signed 11/20

JAN 27 1947

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 12-14-44

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 Frank L. Zaring

Licensed Embalmer No. 41312

P. O. Address Columbia, N.C.

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.