

FILED AUG 10 1945

Registration District No. 288

Primary Registration District No. 5-20-5 4396

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Pemiscot  
(b) City or town Wardell  
(c) Name of hospital or institution: Little River  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution none  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pemiscot  
(c) City or town Wardell  
(If outside city or town limits, write "RURAL")  
(d) Street No. Little River Townships  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME THOMAS GILLISPIE

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced 1

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased 10 December 25<sup>th</sup> 1870  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>74</u>	<u>6</u>	<u>8</u>
				hr. min.

9. Birthplace Egypt (City, town, or county) Miss 1 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name JISIE GILLISPIE

13. Birthplace Egypt (City, town, or county) Miss 1 (State or foreign country)

14. Maiden name Paula Ann

15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant Bill Bran

(b) Address Wardell Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-5-45  
(Month) (Day) (Year)

(c) Place: burial or cremation Burial St Paul Cemetery

18. (a) Signature of funeral director \_\_\_\_\_ (b) Address Malden Mo

19. (a) 7-5-1945 (Date received local registrar) (b) J. J. Cressy (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4<sup>th</sup> year 1945 hour 10 clock minute a M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_; that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death unknown

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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

Major findings: Of operations none

Of autopsy \_\_\_\_\_

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? no (Specify type of place) (e) Means of injury corner

23. Signature J. H. Hickman acting coroner (M.D. or other)

Address Wardell Mo Date signed 7-5-45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

7-45-148

**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  
..... NOT EMBALMED ..... Registered Apprentice No. ....  
working under my personal supervision.

Signed J. E. Schuman  
Licensed Embalmer No. 4086  
P. O. Address Malden

**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, above space should be left blank.**