U. S. No. 2
OM—9-4-41
Rev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28650

FILED AUG 24 1945

Registration District No. 303 Primary Registration District No. 3074 Registrar's No.

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

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: New Madrid
(c) City or town: Matthews Mo.R# 1
(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: James Loyd Gillean Jr
3. (b) If veteran, name war: x
3. (c) Social Security No.: x
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: S
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: 6 (Month) 5 (Day) 1945 (Year)
8. AGE: Years | Months | Days: 1 | If less than one day: hr. min.
9. Birthplace: Sikeston (City, town, or county) Missouri (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER 12. Name: James Loyd Gillean Sr.
13. Birthplace: Walnut (City, town, or county) Ark. (State or foreign country)
MOTHER 14. Maiden name: Lorene Adams
15. Birthplace: Limestone (City, town, or county) Ark. (State or foreign country)
16. (a) Informant: James L. Gillean Sr.
(b) Address: Matthews, Mo. R.F.D. # 1 Box 68
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6/7/45 (Month) (Day) (Year)
(c) Place: burial or cremation: New Madrid Co.
18. (a) Signature of funeral director: Hunter Albritton
(b) Address: Sikeston, Mo.
19. (a) 8/13/45 (Date received local registrar) (b) Louis Largent (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 6 year 1945 hour 5 minute 30 P.M.
21. I hereby certify that I attended the deceased from June 5, 1945, to June 6, 1945, that I last saw him alive on June 6, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death: Premature

Due to:

Due to:

Other conditions (Include pregnancy within 3 months of death):

Major findings:
Of operations:
Of autopsy:

Duration

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? (Specify type of place)
While at work? (e) Means of injury:
23. Signature: [illegible] (M. D. or other)
Address: New Madrid Date signed: 6/7/45

1218

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2
District File Number 8-45-294
Date Filed 8-21-45

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 Hunter Albritton

Licensed Embalmer No. 4210

P. O. Address Sikeston, 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.