

S. No. 2
M-5-43
5-17-39
I X36671

FILED NOV 3 1945

State File No.

Registration District No. 378

Primary Registration District No. 6285

Registrar's No. 159

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

1. PLACE OF DEATH:

(a) County Wright Mountain Grove, Mo.

(b) City or town Mountain Grove, MO. RURAL
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: NONE
(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 1 Week (Specify whether years, months or days)

3. (a) PRINT FULL NAME Ronald Floyd GILL

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 Single

6. (b) Name of husband or wife ✓

6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased August 9, 1945
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

0 1 29 hr. min.

9. Birthplace Sanger, California
(City, town, or county) (State or foreign country)

10. Usual occupation ✓

11. Industry or business ✓

12. Name DAVID GILL

13. Birthplace Tennessee
(City, town, or county) (State or foreign country)

14. Maiden name Georgia LeRoy Gill

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

16. (a) Informant MRS. Elsie LeRoy

(b) Address Gentryville, Mo.

17. (a) Burial (b) Date thereof 10-10-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Yates Cemetery - Gentryville

18. (a) Signature of funeral director [Signature]

(b) Address Mo. Grove, Mo.

19. (a) Oct 10 1945 (b) A. B. Ames
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State CALIFORNIA (b) County ✓ 909

(c) City or town SANGER
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? ✓ (No) 2

If yes, name country ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 8th
year 1945 hour 1145 minute A. M.

21. I hereby certify that I attended the deceased from 10-7
1945 to 1945

that I last saw him alive on 10-7, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Braun injury Duration 2 mo.

Due to Birth

Due to 1600

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

Major findings:
Of operations 1600

Of autopsy 1600

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 10-10-45

(c) Where did injury occur? W.A. Craig Co. J.
(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), (e) Means of injury

While at work? W.A. Craig Co. J.

23. Signature W.A. Craig (M. D. or other)

Address Mountain Grove Date signed 10-10-45

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.