

FILED NOV 16 1945
Registration District No. 132

Primary Registration District No. 3021

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

1. PLACE OF DEATH:

(a) County Grundy

(b) City or town Trenton
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 613-W-15th St. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 68 yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Grundy ⁴⁰

(c) City or town Trenton ²
(If outside city or town limits, write "RURAL")

(d) Street No. 613-W-15th St.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Martha Adeline Gillen

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex ♀ 1 race N

5. Color or N

6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife Charley Gillen

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

7. Birth date of deceased April 17 1877
(Month) (Day) (Year)

8. AGE: Years 68 Months 5 Days 27 If less than one day hr. _____ min. _____

9. Birthplace Linington Co. Me. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business _____

12. Name Major Ester

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

14. Maiden name Rachel Ann Toliver

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Dillon Ester

(b) Address 1134 21st St, Centerville, Iowa

17. (a) Burial (b) Date thereof Oct. 16, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Grove

18. (a) Signature of funeral director James Funeral Home

(b) Address Trenton Mo.

19. (a) 10-16-45 (b) Gene Jais
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 14
year 1945 hour 12 minute 20 P. M.

21. I hereby certify that I attended the deceased from July 19 45 to Oct 14 1945
that I last saw h. rev alive on Oct 12 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Lymphatic Leukemia Duration _____

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy 740

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) (e) Means of injury _____

23. Signature W. J. Janson (M. D. or other) and
Address Trenton Mo Date signed 10-16-45

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

Robert B. Davis, Registered Apprentice No. _____
working under my personal supervision.

Signed *Robert B. Davis*

Licensed Embalmer No. *4219*

P. O. Address *Trenton, 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.