

FILED JAN 11 1948

Registration District No. **141**

Primary Registration District No. **3025**

Registrar's No. **130**

1. PLACE OF DEATH:

(a) County **Howell**
(b) City or town **West Plains**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Residence
(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 **33 years.**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Howell** **4/2**
(c) City or town **West Plains**
(If outside city or town limits, write "RURAL")
(d) Street No. **West Broadway**
(If rural, give location)
(e) Citizen of foreign country? **No.** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **EDWARD AMBROSE GILLETTE**

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 **Ella Mae Niles G.** 6. (c) Age of husband or wife if alive **20** years
7. Birth date of deceased **June 21 1884**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	61	5	18	hr. min.

9. Birthplace **Burlington, Vermont**
(City, town, or county) (State or foreign country)

10. Usual occupation **Real Estate Dealer**

11. Industry or business **Own**

MOTHER FATHER { 12. Name **Charles Gillette**
13. Birthplace **Unknown** 9
(City, town, or county) (State or foreign country)
14. Maiden name **Martha Drinkwater**
15. Birthplace **Vermont**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. E. A. Gillette**

(b) Address **West Plains, Mo.**

17. (a) **Burial** (b) Date thereof **Dec. 10, 1948**
(Burial, cremation, or removal) (Month) (Day) (Year)
Oak Lawn Cemetery, West Plains, Mo.
(c) Place: burial or cremation

18. (a) Signature of funeral director **Hal Thomburg**
(b) Address **West Plains, Mo.**

19. (a) **Dec. 15, 1948** (b) **Blades Harrison**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **8**,
year **1945** hour **2**: minute **A.** M.

21. I hereby certify that I attended the deceased from **I never treat**
ed him. 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 **Cerebral Hemorrhage** ^{Duration}

I never to see him some hrs.
after he died. He died in
Due to **his sleep. His wife found him**
when she went to wake him at 7:00

Due to **A.M. 12/8/45**
Arterio-Sclerosis and fat.

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

Major findings:

Of operations.....
Of autopsy..... **97**

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) (c) Means injury.....

23. Signature **Art Thomburg** (M. D. **no**)
Address **West Plains, Mo.** Date signed **12/8/48**

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

RECEIVED

District Health Officer No. 5,

District File Number 14667

Date Filed 11-7-46

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 Hal Thomburg

Licensed Embalmer No. 3408

P. O. Address West Plains, 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.