S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED DEC 29 1945

42140

State File No.

Registration District No. 278 Primary Registration District No. 3054 Registrar's No.

1. PLACE OF DEATH:
(a) County Pike
(b) City or town Louisiana (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 900 Georgia St 1 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Home (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Pike 82
(c) City or town Louisiana 2 (If outside city or town limits, write "RURAL")
(d) Street No. 900 Georgia St. 1 (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Ruth Gillings
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex female
5. Color or race White
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Ed. Gillings
6. (c) Age of husband or wife if alive Dec. years
7. Birth date of deceased Feb (Month) 20 (Day) 1865 (Year)

8. AGE: Years 80 Months 8 Days 23 If less than one day hr. min.

9. Birthplace Rockport, Ill. 1 (City, town, or county) (State or foreign country)
10. Usual occupation Housefe
11. Industry or business Home
FATHER
12. Name John Miller
13. Birthplace Ohio 1 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Anna Liza, Parker
15. Birthplace Pike Co. Ill. 1 (City, town, or county) (State or foreign country)
16. (a) Informant Edna Morton
(b) Address 900 Georgia St Louisiana, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-14-45 (Month) (Day) (Year)
(c) Place: burial or cremation Fairview, Pike Co. Mo.
18. (a) Signature of funeral director F C Haley
(b) Address Louisiana, Mo.
19. (a) 11-13-45 (Date received local registrar) (b) Margaret E. Stephens (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 13 year 1945 hour 1 minute 30 A.M.
21. I hereby certify that I attended the deceased from Aug 23, 1945, to Nov. 13, 1945, that I last saw her alive on Nov. 12, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardio vascular renal hypertension	
Due to Disease	2 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 G. L. Bilyea (M.D. or other) D.O.
Address Louisiana Mo Date signed Nov 16 45

1573 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 12-45-1925
Date Filed DEC 20 1945

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 George O. Wagner, Registered Apprentice No. ....., working under my personal supervision.

Signed George O. Wagner

Licensed Embalmer No. 3773

P. O. Address Louisiana, 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.