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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED 9 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6709

Registration District No. 275 Primary Registration District No. 5939 Registrar's No. 46

1. PLACE OF DEATH:
(a) County: Shelby
(b) City or town: Shelbina - Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Old Springs Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days)
In this community Life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Shelby
(c) City or town: Shelbina - Rural
(If outside city or town limits, write "RURAL")
(d) Street No.: 0
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Isabella A. Gillett
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: F
5. Color or race: Wh
6. (a) Single, widowed, married, divorced: Widow
6. (b) Name of husband or wife: John Gillett
6. (c) Age of husband or wife if alive ..... years
7. Birthdate of deceased: July (Month) 9 (Day) 1870 (Year)
8. AGE: Years 75 Months 7 Days 11 If less than one day ..... hr. ..... min.
9. Birthplace: Elk Prairie, Shelby Co., Mo. (City, town, or county) (State or foreign country)
10. Usual occupation: Housework
11. Industry or business:
FATHER 12. Name: Felix Huffman
13. Birthplace: Ireland (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Charlotte Armstrong
15. Birthplace: Mo (City, town, or county) (State or foreign country)
16. (a) Informant: Arthur Gillett
(b) Address: Shelbina Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2-22-46 (Month) (Day) (Year)
(c) Place: burial or cremation: Shelbina
18. (a) Signature of funeral director: Russell Sam Jr.
(b) Address: Rolla Mo
19. (a) Feb. 21, 1946 (Date received local registrar) (b) Mrs. Juanita Harvey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20 year 1946 hour 6 minute a. M.
21. I hereby certify that I attended the deceased from 2-14-46, 19..., to 2-20-46; that I last saw h. alive on 2-14-46; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral thrombosis	
Due to: Senile degenerative	
Due to: Myocardial failure	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations: N
Of autopsy: No

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? Means of injury
23. Signature: [illegible] M.D. (M. D. or other)
Address: Rolla Mo Date signed 2/21/46

252 (Licensed Embalmer's Statement on Reverse Side)

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

MAR 19 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 ..... , Registered Apprentice No. ..... , working under my personal supervision.

Signed S. L. Nunn

Licensed Embalmer No. Rolla m

P. O. Address 3397

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.