

FILED MAY 6 1946
Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1934

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2028 Monroe
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 17 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 2028 Monroe 8
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country XXX

3. (a) PRINT Full Name Deliah Josephine Gillespie

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25
year 1946 hour 6 minute 45 P.M.

3. (b) If veteran, no name war
3. (c) Social Security No. MO

21. I hereby certify that I attended the deceased from Mar 1 1946 to April 25 1946
that I last saw her alive on April 25 1946
and that death occurred on the date and hour stated above.

4. Sex Female / White race
6. (a) Single, widowed, married, divorced widowed

Immediate cause of death Hypertension Lead 3 yrs
Duration 3 yrs

6. (b) Name of husband or wife John Clint Gillespie
6. (c) Age of husband or wife if alive XXX years
7. Birth date of deceased May 16 1868
(Month) (Day) (Year)

8. AGE: Years 77 Months 11 Days 9
If less than one day XX hr. XXX min.

Due to Hypertension 3 yrs

9. Birthplace Kirksville Missouri
(City, town, or county) (State or foreign country)
Housewife

Due to hypertension chronic

10. Usual occupation Home

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business

Major findings: Of operations

12. Name Lauria Hubbard

Of autopsy 1316

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

PHYSICIAN Underline the cause to which death should be charged statistically.

14. Maiden name Unknown 9
(City, town, or county) (State or foreign country)

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

16. (a) Informant Evlyan Gillespie

(b) Address 2028 Monroe Kansas City

17. (a) Removal (b) Date thereof 4 25 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Liberty Cem. Liberty Mo.

18. (a) Signature of funeral director Morton Smith's
832 Armour Rd North Kansas City
(b) Address

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?

23. Signature R. L. St. John (M. D. or other)

Address 524 2 St John Date signed 4/26

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

JUN 16 1953

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 Flora O Smith

Licensed Embalmer No. 3928

P. O. Address North Kansas City

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.