No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

FILED JUN 13 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 16273

Registration District No. 120 Primary Registration District No. 5444 Registrar's No. 53

1. PLACE OF DEATH:
(a) County Gentry – Athens Township
(b) City or town
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Gentry County Home 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 yr 4mos. (Specify whether years, months or days)
In this community life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Gentry 38
(c) City or town county home 0
(If outside city or town limits, write "RURAL")
(d) Street No. 1 mile South of Albany 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME CHARLES HENRY GILLISPIE
3. (b) If veteran, name war none
3. (c) Social Security No. NO
4. Sex male 0
5. Color or race white
6. (a) Single, widowed, married, divorced Widowed 2
6. (b) Name of husband or wife Agnes Anderson
6. (c) Age of husband or wife if alive years
7. Birth date of deceased September (Month) 25 (Day) 1871 (Year)
8. AGE: Years 74 Months 5 Days 28 If less than one day hr. min.
9. Birthplace Albany (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation Machinest retired
11. Industry or business Railroad
FATHER 12. Name Reece Gillispie 9
13. Birthplace unknown (City, town, or county) unknown (State or foreign country)
MOTHER 14. Maiden name Delilah Thompson 9
15. Birthplace unknown (City, town, or county) unknown (State or foreign country)
16. (a) Informant Guy F. Gillespie
(b) Address Houston Lake R. #2 Parkville, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof march 25 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Grandview Cemetry
18. (a) Signature of funeral director [illegible]
(b) Address Albany, Mo.
19. (a) May 14-1946 (Date received local registrar) (b) Homer M. Webster (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23 year 1946 hour 10 minute 30 a. M.
21. I hereby certify that I attended the deceased from March 19th 1946 to March 23rd 1946 that I last saw him alive on March 22nd 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Acute Coronary Thrombosis	Shot
Due to	
Due to Angina Pectoris	1 Year
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 W. S. Campbell (M.D. or other)
Address Albany Mo Date signed 3/24/46

103 (Licensed Embalmer's Statement on Reverse Side)

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

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 Me

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Clifford Brooks

Licensed Embalmer No. 3329

P. O. Address Albany 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.