

No. 2
4-5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16656**
Registrar's No. **2176**

FILED MAY 27 1946
199

Registration District No. _____ Primary Registration District No. 1002

1. PLACE OF DEATH:
Jackson
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
(Specify whether
In this community 5 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
Missouri Jackson
(a) State _____ (b) County _____
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 3032 Cleveland
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Sandra Gillem
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 Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if
alive _____ years
7. Birth date of deceased Dec-12 1945
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 5 0 hr. min.

9. Birthplace Kansas City Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER
12. Name Floyd Eugene Gillem
13. Birthplace Okla
(City, town, or county) (State or foreign country)
14. Maiden name Worthy Hudson
15. Birthplace Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Chas. A. Hudson

(b) Address 3032 Cleveland

17. (a) Burial (b) Date thereof May-15-1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Floral Hill

18. (a) Signature of funeral director Mrs. C. L. Foster

(b) Address 918 Brooklyn R.C. Mo.

19. (a) 5-15-46 (b) Heraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12
year 1946 hour 3 minute 12 P.M.

21. I hereby certify that I attended the deceased from
May 10 1946 to May 12 1946
that I last saw her alive on May 12 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia

Due to _____

Due to _____

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

Major findings: Of operations 107

Of autopsy None

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)
(e) Means of injury _____

23. Signature W. W. Hart (M. D. or other) W. W. Hart
Address Med. Dir. Gen'l Hosp. Date signed 5-15-46

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

13538

At witness

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

B. H. Nise

..... Licensed Embalmer No. *25-70*

..... P. O. Address *100 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.