

No. 2  
M-5-43  
7. 5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED AUG 20 1946

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 26595

Registration District No. 71 Primary Registration District No. 3012 Registrar's No. 102

1. PLACE OF DEATH:  
(a) County... Clay  
(b) City or town... Excelsior Springs, Mo.  
(c) Name of hospital or institution:  
Veterans Administration Hospital  
(d) Length of stay: In hospital or institution... 4 days  
In this community... 4 days

2. USUAL RESIDENCE OF DECEASED:  
(a) State... Kansas (b) County... Cherokee  
(c) City or town... Baxter Springs, Kansas  
(d) Street No... RR#3  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Fletcher Gill  
3. (b) If veteran, name war World War I  
3. (c) Social Security No. 509-09-2402

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month July day 30 year 1946 hour 11:45 minute P. M.  
21. I hereby certify that I attended the deceased from July 27, 1946 to July 30, 1946; that I last saw him alive on July 30, 1946; and that death occurred on the date and hour stated above.

4. Sex Male  
5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Emma Lee Gill, wife  
6. (c) Age of husband or wife if alive 47 years  
7. Birth date of deceased August 2 1891

Immediate cause of death Silico-tuberculosis, active  
Due to  
Due to

8. AGE: Years Months Days If less than one day  
54 11 28

Other conditions Acute pulmonary edema; Pulmonary emphysema, severe; cardiac hypertrophy  
Major findings: Of operations  
Of autopsy As shown above  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

9. Birthplace Glasgow, Kentucky  
10. Usual occupation Miner  
11. Industry or business Mines  
12. Name Anthony Gill  
13. Birthplace ?  
14. Maiden name Georgia Ann Jones  
15. Birthplace ? Kentucky

16. (a) Informant Hospital Records, Veterans Administration Hospital, Excelsior Springs, Mo.  
(b) Address  
17. (a) Removal of removal: Baxter Springs, Kansas  
(b) Date thereof 7-31-46  
(c) Place of removal  
18. (a) Signature of funeral director Virgil Hope  
(b) Address Excelsior Springs, Mo.  
19. (a) 8-1-46  
(b) Ernest H. Tapp

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?  
(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 ERNEST H. TAPP (M. D. or other) M.D.  
Address Veterans Administration Hospital, Excelsior Springs, Mo. Date signed 7-30-46

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

23441

MOTHER FATHER

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(Licensed Embalmer's Statement on Reverse Side)

8-17-46

**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 *James A. Moles*

Licensed Embalmer No. *3296*

P. O. Address *Excelsior Spgs 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.**