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

29791

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 27 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30960

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 300

1. PLACE OF DEATH:

(a) County Marion.

(b) City or town Hannibal, Missouri.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Levering Hospital. 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 Days. (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ralls. 87

(c) City or town Perry, Missouri. 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME May Tompkins Gill.

3. (b) If veteran, name war

3. (c) Social Security No. None.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married. 1

6. (b) Name of husband or wife Nora Gill.

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased June, 20, 1865. (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
81	2	4	hr. min.

9. Birthplace Ralls County, Missouri. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer.

11. Industry or business Farm.

FATHER
12. Name Thomas F. Gill. 1
13. Birthplace Unknown Virginia. 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sarah Moore.
15. Birthplace Ralls County, Missouri. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Malone Gill.
(b) Address Monroe City, Missouri.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-28-46 (Month) (Day) (Year)
(c) Place: burial or cremation Lickcreek Cemetery. Perry, Mo.

18. (a) Signature of funeral director Clyde Willey
(b) Address Perry, Missouri.

19. (a) 9-13-46 (Date received local registrar) (b) Dr E. M. Lucke (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 24th, year 1946 hour 9:35 minute P. M.

21. I hereby certify that I attended the deceased from Jan, 1946, to Aug 24, 1946, that I last saw him alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardio Vascular Renal Disease	7
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

131P

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 0

23. Signature J. H. Francis (M. D. or other)

Address Hannibal, Mo. Date signed 8/24/46

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(Licensed Embalmer's Statement on Reverse Side)

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 Clyde A. Wilkey

Licensed Embalmer No. 3820

P. O. Address Perry, 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.