. S. No. 2
DM—8-43
v. 5-17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 19 1946

Registration District No. 209

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37718

Primary Registration District No. 3043

Registrar's No. 358

1. PLACE OF DEATH:
(a) County Marion
(b) City or town Hannibal
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 925 Taylor
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Marion 64
(c) City or town Hannibal 3
(If outside city or town limits, write "RURAL")
(d) Street No. 925 Taylor St. 4
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Matilda Caroline Gillespie
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race white
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife A. C. Gillespie
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April (Month) 6 (Day) 1869 (Year)

8. AGE: Years 77 Months 6 Days 24 If less than one day hr. min.

9. Birthplace Pike county (City, town, or county) Illinois (State or foreign country)
10. Usual occupation housewife
11. Industry or business
MOTHER FATHER
12. Name William Pease
13. Birthplace Illinois (City, town, or county) (State or foreign country)
14. Maiden name Mary Good
15. Birthplace Illinois (City, town, or county) (State or foreign country)
16. (a) Informant Mrs L. L. Richards
(b) Address 925 Taylor, Hannibal Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 1, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Olivet Cemetery
18. (a) Signature of funeral director Roy T. Schwartz
(b) Address 1000 Broadway Hannibal, Mo
19. (a) 11-5-46 (Date received local registrar) (b) Dr K M Tucker (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 30 year 1946 hour 7 minute 55 A. M.
21. I hereby certify that I attended the deceased from Oct. 17 1946 to Oct. 30 1946 and that I last saw her alive on Oct. 30 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	13 days
Left side Paralysis	
Due to	
Due to Senility	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 93A	
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 H B Norton (M. D. or other)
Address Hannibal Mo. Date signed 11-1-46

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(Licensed Embalmer's Statement on Reverse Side)

JAN 21 1948

JAN 21 1948

NOV 19 1945

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 Paul Richard Brown

Licensed Embalmer No. 4326

P. O. Address: 1000 Broadway Hannibal 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.