S. No. 2
0M—2-43
v. 5-17-39
1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 20 1947

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 28519

Registration District No. 264 Primary Registration District No. 4395 Registrar's No. 36

1. PLACE OF DEATH:
(a) County Ozark (b) City or town Gainesville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
In this community Life time (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Ozark
(c) City or town Gainesville (If outside city or town limits, write "RURAL")
(d) Street No. [illegible] (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country [illegible]

3. (a) PRINT FULL NAME Orlena Gilliland
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F 5. Color or race W 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 Mar 26 1874 (Month) (Day) (Year)

8. AGE: Years 72 Months 4 Days 22 If less than one day hr. min.

9. Birthplace Ozark Co Mo (City, town, or county) (State or foreign country)
10. Usual occupation Housekeeper
11. Industry or business None
MOTHER
12. Name Robert Gilliland
13. Birthplace Tenn (City, town, or county) (State or foreign country)
FATHER
14. Maiden name Elizabeth Sandy
15. Birthplace Mo (City, town, or county) (State or foreign country)
16. (a) Informant Carolet Gilliland
(b) Address Gainesville Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 20 (Month) (Day) (Year)
(c) Place: burial or cremation Gainesville Cemetery
18. (a) Signature of funeral director Kelley & Trump
(b) Address Mountain Grove Mo
19. (a) July 17 1947 (Date received local registrar) (b) Pamela Trump (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July 17 day 17 year 1947 hour 4 PM minute M.
21. I hereby certify that I attended the deceased from July 10, 1947 to July 17 1947 that I last saw her alive on July 16. 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Heart dilitation	
Due to Enlarged heart and Weakened heart muscle	
Due to Age	
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 Dr. B. E. Bushong (M. D. or other)
Address Gainesville Date signed 7-17-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer Napa
District File Number 847-869
Date Filed 8-19-47

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 [signature]

Licensed Embalmer No. 2784

P. O. Address Calistoga Calif

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.