

No. 2
M-5-43
5-17-39
X-36671

DEPARTMENT OF HEALTH
BUREAU OF THE CENSUS
FILED SEP 5 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28735

State File No. _____
Registrar's No. 2346

Registration District No. 301 Primary Registration District No. 4450

1. PLACE OF DEATH:
(a) County Doniphan
(b) City or town Ripley Co.
(c) Name of hospital or institution: Williams Hospital
(d) Length of stay: In hospital or institution 3 weeks
In this community 3 weeks years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Ripley 91
(c) City or town Doniphan
(d) Street No. _____
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME John A. Gillespie
(b) Is veteran, name war _____
(c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 27 year 1947 hour 10 minute A.M.

4. Male or white 5. Color Male
6. (a) Single, widowed, married Widowed
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____
7. Birth date of deceased: Oct. 23, 1846
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 7-27-1947 to 7-27-1947 that I last saw him alive on 7-27-1947 and that death occurred on the date and hour stated above.

8. AGE: Years 90. Months 9. Days 4. If less than one day _____ hr. _____ min.

Immediate cause of death: Arteriosclerosis
Due to _____

9. Birthplace: Illinois (City, town, or county) _____ (State or foreign country) _____

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

10. Usual occupation: Farmer
11. Industry or business: _____
12. Name: Thos. Gillespie
13. Birthplace: Illinois (City, town, or county) _____ (State or foreign country) _____
14. Maiden name: Keener
15. Birthplace: Ill. (City, town, or county) _____ (State or foreign country) _____

Major findings: _____
Of operations: _____
Of autopsy: _____

16. (a) Informant: Wm. Foster
(b) Address: Salwood Mo.
17. (a) Removal (Burial, cremation, or removal) _____ (b) Date thereof: 7-28-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Keyesport Ill.

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? _____

18. (a) Signature of funeral director: _____
(b) Address: _____
19. (a) 7-28-47 (b) _____ (c) _____
(Date received local registrar) (Registrar's signature)

23. Signature: _____ (M. D. or other) _____
Address: DONIPHAN, MO. Date signed: 7/27/47

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

PHYSICIAN
Underline the cause to which death should be charged statistically.

RECEIVED

District

District

Date Filed

84-744-7
8-30-47

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.

Signature

E. Jordan

Licensed Embalmer No. 3200

P. O. Address. *Dorchester*

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.

Moi

Registration District No. 301

Primary Registration District No. 4450

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Ripley
(b) City or town Dauphan
(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 _____ (Specify whether _____)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

John A. Gillespie

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced wid

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct 23 (Month) 1906 (Year)

8. AGE: Years 40 Months 9 Days 20 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____ (City, town, or county) _____ (State or foreign country)

14. Maiden name _____

15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (Burial, cremation, or removal) (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (Date received local registrar) (b) _____ (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct year 1947 (hour) _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above. _____ Duration _____

Due to _____

Due to _____

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) accident

(b) Date of occurrence July 5, 1947

(c) Where did injury occur? Waterwood Ripley Mo (City or town) _____ (County) _____ (State) _____

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home

While at work? _____ (Specify type of place) (e) Means of injury Fell while slipping on porch

23. Signature J. Williams (M. D. or other) _____

Address Dauphan Mo Date signed 9-11-47

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

SUPPLEMENTAL

S-28735