No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38712

FILED DEC 5 1947

Registration District No. 57

Primary Registration District No. 6293

Registrar's No. 247

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town rural- Sheridan Twnship
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Carthage Route 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 63½ years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Carthage - rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. Route 1 0
(If rural, give location) 0

(e) Citizen of foreign country? no (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME BENJAMIN FRANKLIN GILLUM

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

4. Sex male 0 5. Color or race white 6. (a) Single, widowed, married, divorced married /

6. (b) Name of husband or wife Daisy Grace Zuck Gillum 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased October (Month) 23 (Day) 1883 (Year)

8. AGE: Years 64 Months 0 Days 28 If less than one day ..... hr. ..... min.

9. Birthplace Paoli (City, town, or county) Indiana (State or foreign country) /

10. Usual occupation farmer

11. Industry or business ---

FATHER
12. Name W. P. Gillum
13. Birthplace unknown (City, town, or county) Indiana (State or foreign country) /

MOTHER
14. Maiden name Sarah E. Cobb
15. Birthplace unknown (City, town, or county) Indiana (State or foreign country) /

16. (a) Informant Mrs. B. M. Hickey, jr.
(b) Address 912 Olive, Carthage, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Nov (Month) 25 (Day) 1947 (Year)
(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director Knell Mortuary
(b) Address Carthage, Mo.

19. (a) 11-22-1947 (Date received local registrar) (b) L. B. Clinton MD (Registrar's signature) 124

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 21
year 1947 hour 12:30 minute p M.

21. I hereby certify that I attended the deceased from May 1944 to Nov 21 - 1947
that I last saw him alive on Nov 1 - 1947
and that death occurred on the date and hour stated above:

	Duration
Immediate cause of death Coronary thrombosis	
Due to	
Due to Arterio sclerosis	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

94X

PHYSICIAN

Underline the cause of 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) 0

While at work? ..... (e) Means of injury .....

23. Signature Lloyd B Clinton (M. D. or other) MD

Address Carthage - Mo Date signed 11/22/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

47-11-894

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 Frank W. Kuell Jr

Licensed Embalmer No. 4440

P. O. Address Carthage

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.