

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16806

State File No.

Registration District No. 167

Primary Registration District No. 5607

Registrar's No. 13

1. PLACE OF DEATH:

(a) County Johns on

(b) City or town Rural (Kingsville)
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution none
(Specify whether years, months or days)

In this community 2 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson

(c) City or town Rural Kingsville, Mo.
(If outside city or town limits, write "RURAL")

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

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

If yes, name country XXXX

3. (a) PRINT FULL NAME EMMA GILLELAND

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex female 5. Color or race white

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

6. (b) Name of husband or wife Thompson Gilliland

6. (c) Age of husband or wife if alive dec'd years

7. Birth date of deceased September 9, 1871
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14
year 1948 hour 6 minute A M.

21. I hereby certify that I attended the deceased from May 4, 1948, to May 14, 1948;
that I last saw her alive on May 12, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<u>Cerebral Hemorrhage</u>	<u>2 da</u>
Due to <u>Coronary Occlusion</u>	<u>1.0 da</u>
Due to
Other conditions <small>(Include pregnancy within 3 months of death)</small>
Major findings: Of operations	PHYSICIAN Underline the cause to which death should be charged statistically.
Of autopsy	

MOTHER FATHER

8. AGE: Years Months Days If less than one day

76	8	5	hr. min.
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9. Birthplace Montrose Co., Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation at home same

11. Industry or business same

12. Name unknown

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

14. Maiden name unknown

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

16. (a) Informant George Christinson
(b) Address Kingsville, Missouri

17. (a) burial (b) Date thereof May 16, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Holden, Missouri

18. (a) Signature of funeral director Canaday & Ropp
(b) Address Holden, Missouri

19. (a) May 21, 1948 (b) Mrs. H. V. Redford
(Date received local registrar) (Registrar's signature)

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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place) (e) Means of injury

While at work?

23. Signature W. Beckman (M. D. or D. O.)
Address Strasburg, Mo Date signed 5/16/48

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

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..... *M. J. Cauday*

Licensed Embalmer No. *3434*

P. O. Address *Golden, 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.