

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED SEP 13 1948

Registration District No. 284

Primary Registration District No. 5891

Registrar's No. 19

1. PLACE OF DEATH:
(a) County Ozark
(b) City or town Salmonville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Lifetime years, months or days

3. (a) PRINT FULL NAME CAREFUL GILLILAND
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife G. L. GILLILAND
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased JAN 14 1890
(Month) (Day) (Year)

8. AGE: Years 58 Months 7 Days 27
If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name O. J. Sims

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

14. Maiden name Edith Rebecca Shaulding

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

16. (a) Informant Gordon Gilliland

(b) Address Cotton, Arkansas

17. (a) Removal (b) Date thereof Aug. 31, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sim Cemetery - Garrisonville

18. (a) Signature of funeral director Russell Barber

(b) Address 14th Ave. No. 1115

19. (a) 9-4-48 (b) William Conover
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Ozark
(c) City or town Guinsville 77
(If outside city or town limits, write "RURAL")
(d) Bridges Township 6
(If rural, give location) 0
(e) Citizen of foreign country No (Yes or No) 1
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug day 31
year 1948 hour 11:15 minute A
21. I hereby certify that I attended the deceased from August 17 to August 28 1948
that I last saw him alive on August 28 1948
and that death occurred on the day and hour stated above.
Immediate cause of death Carcinoma of lung & metas- Duration 2 yrs
ases
Due to Plumsey & Effusion
Due to Aldom. Ascites
Other conditions _____
(Include pregnancy within 3 months of death)
Major findings: _____
Of operations _____
Of autopsy 478
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? _____
While at work _____ (Specify type of place)
(e) Means of injury _____
23. Signature W. B. Bentley (M. D. or other) 9/4/48
Address Garrisonville, Ark. Date signed 9/4/48

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

RECEIVED
District Health Officer No. 6;
District File Number 948-1001
Date Filed SEP 10 1948

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 Sumner L. Hall

Licensed Embalmer No. 2784

P. O. Address Wm. Home

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.