

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4905

State File No.

FILED MAR 5 1949

651

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY <p style="text-align: center;">Jackson</p>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <p style="text-align: center;">Missouri</p>		b. COUNTY <p style="text-align: center;">Jackson</p>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p style="text-align: center;">Kansas City</p>		c. LENGTH OF STAY (In this place) <p style="text-align: center;">37 yrs.</p>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p style="text-align: center;">Kansas City</p>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <p style="text-align: center;">3320 Woodland Avenue</p>				d. STREET ADDRESS (If rural, give location) <p style="text-align: center;">3320 Woodland Avenue</p>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <p style="text-align: center;">Link</p>	b. (Middle)	c. (Last) <p style="text-align: center;">GILLIS</p>	(Month) <p style="text-align: center;">Feb.</p>	(Day) <p style="text-align: center;">12,</p>	(Year) <p style="text-align: center;">1949</p>

5. SEX <p style="text-align: center;">male</p>	6. COLOR OR RACE <p style="text-align: center;">white</p>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <p style="text-align: center;">widowed</p>	8. DATE OF BIRTH <p style="text-align: center;">Sept. 15, 1861</p>	9. AGE (In years last birthday) <p style="text-align: center;">87</p>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p style="text-align: center;">Owner</p>	10b. KIND OF BUSINESS OR INDUSTRY <p style="text-align: center;">Hardware Store</p>	11. BIRTHPLACE (State or foreign country) <p style="text-align: center;">Brocton, Illinois</p>	12. CITIZEN OF WHAT COUNTRY? <p style="text-align: center;">U. S. A.</p>
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13a. FATHER'S NAME <p style="text-align: center;">John Gillis</p>	13b. MOTHER'S MAIDEN NAME <p style="text-align: center;">Mary Simpkins</p>	14. NAME OF HUSBAND OR WIFE <p style="text-align: center;">Emma Gillis</p>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <p style="text-align: center;">no</p>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <p style="text-align: center;">none</p>	17. INFORMANT'S SIGNATURE OR NAME <p style="text-align: center;">C. D. Gillis,</p>	ADDRESS <p style="text-align: center;">3320 Woodland, K.C., Mo.</p>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <p style="text-align: center;">8 days</p>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <p style="text-align: center;">Lobar Pneumonia</p>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<p style="text-align: center;">Bronchial Asthma</p>	<p style="text-align: center;">2 weeks</p>

19a. DATE OF OPERATION <p style="text-align: center;">None</p>	19b. MAJOR FINDINGS OF OPERATION <p style="text-align: center;">None</p>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <p style="text-align: center;">Not Accidental</p>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Feb. 4, 1949, to Feb. 12, 1949, that I last saw the deceased alive on Feb. 11, 1949, and that death occurred at 10:45 A. M., from the causes and on the date stated above.

23a. SIGNATURE <p style="text-align: center;">Kenneth A. Davis</p> <p style="text-align: center;">Kenneth A. Davis, M.D.</p>	(Degree or title)	23b. ADDRESS <p style="text-align: center;">201 Plaza Theatre Bldg Kansas City, Mo.</p>	23c. DATE SIGNED <p style="text-align: center;">Feb. 12, 1949</p>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <p style="text-align: center;">Removal</p>	24b. DATE <p style="text-align: center;">2-13-49</p>	24c. NAME OF CEMETERY OR CREMATORY <p style="text-align: center;">Brocton, Illinois</p>	24d. LOCATION (City, town, or county) (State) <p style="text-align: center;">Brocton, Illinois</p>
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DATE REC'D BY LOCAL REG. <p style="text-align: center;">2-12-49</p>	REGISTRAR'S SIGNATURE <p style="text-align: center;">Steraldine Holmes</p>	25. FUNERAL DIRECTOR'S SIGNATURE <p style="text-align: center;">Melody-McGilley-Eylar,</p>	ADDRESS <p style="text-align: center;">Kansas City, Mo.</p>
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(Licensed Embalmer's Statement on Reverse Side)

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

Mr. Kenneth Davis
3228 Euclid

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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Glen E. Beck

Licensed Embalmer No. 4063

P. O. Address R. E. 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.