

REC'D JUL 15 1940

STANDARD CERTIFICATE OF DEATH

State File No. 8

Registration District No. 349

Primary Registration District No. 5500

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Henry
(b) City or town CLINTON MO
(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 2
(Specify whether

In this community 35 years
years, months or days) (Specify whether

3. (a) PRINT FULL NAME Sarah E Gillespie

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

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

6. (b) Name of husband or wife Peter 6. (c) Age of husband or wife if alive 5 years

7. Birth date of deceased. 12 (Month) 5-1853 (Day) (Year)

8. AGE: Years 8 1/2 Months 6 Days 0 If less than one day hr. 0 min.

9. Birthplace Pilot Knob MO
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business ✓

MOTHER FATHER { 12. Name HENRY NORWINE

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

14. Maiden name NANCY ROGERS

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

16. (a) Informant TOM GILLESPIE

(b) Address Clinton Mo

17. (a) Burial (b) Date thereof 6-8-40
(Burial, cremation, or other) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Olivet

18. (a) Signature of funeral director Fred Williams

(b) Address Clinton Mo

19. (a) 6-8-1940 (b) Mrs Edith J Simpson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry

(c) City or town CLINTON Rural
(If outside city or town limits write "RURAL")

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

(e) If foreign born, how long in U. S. A. ✓ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 5
year 1940 hour 6 minute 7 A. M.

21. I hereby certify that I attended the deceased from March 1939 to 1939;
that I last saw her alive on Nov-9, 1939;
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Due to 93C

Due to 93C

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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) While at work? (Specify type of place) (e) Means of injury

23. Signature James O Smith (M. D. or other)

Address Clinton Mo Date signed

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

1940-6-5-
1858-12-3-

81-6-0

RECEIVED

District Health Officer No. 7,

District File Number 7-40-1043

Date Filed 7-9-40

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

Fred Wilkinson

Licensed Embalmer No.

2478

P. O. Address

Clinton M

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, above space should be left blank.