

S. No. 2  
M-2-43  
7-5-17-39  
X35897

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **37331**

**FILED** DEG 7 1945  
Registration District No. **297**

Primary Registration District No. **56-12**

Registrar's No. **179**

1. PLACE OF DEATH:

(a) County Henry

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

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

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community Life  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry

(c) City or town Chilhowee - Rural  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME NATHAN FOREST GILLAM

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 20  
year 1945 hour 4 minute 05 A.M.

21. I hereby certify that I attended the deceased from May 15  
1945 to Nov. 18 1945;  
that I last saw him alive on Nov. 18 1945;  
and that death occurred on the date and hour stated above.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Essie Gillam

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased: 3 (Month) 5 (Day) 1871 (Year)

Immediate cause of death Cerebral hemorrhage

Duration \_\_\_\_\_

8. AGE:

Years	Months	Days	If less than one day
<u>71</u>	<u>8</u>	<u>15</u>	hr. _____ min. _____

Due to arterial sclerosis  
arteriosclerosis

Due to \_\_\_\_\_

9. Birthplace Henry Co - Mo.  
(City, town, or county) (State or foreign country)

Other conditions Cardiac hypertrophy  
(Include pregnancy within 3 months of death)  
with pleural effusion

10. Usual occupation farmer

PHYSICIAN \_\_\_\_\_

Major findings \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy 75c

Underline the cause to which death should be charged statistically.

11. Industry or business \_\_\_\_\_

MOTHER { 12. Name Jack Gillam

13. Birthplace Henry Co Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Lane

15. Birthplace Henry Co Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Essie Gillam

(b) Address Chilhowee Mo.

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? \_\_\_\_\_

17. (a) Burial (b) Date thereof 11-22-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Carrville Cemetery

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

18. (a) Signature of funeral director Fred W. ...

(b) Address Clinton Mo.

19. (a) 11-18-45 (b) R. A. Kennedy  
(Date received local registrar) (Registrar's signature)

23. Signature E. N. Robinson (M. D. or other) DO.

Address Chilhowee, Mo. Date signed 11/24/45

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

RECEIVED

Form No. 7

MAY 11-45-118

12-6-43

DATE FILED

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 Weikman

Licensed Embalmer No. 2478

P. O. Address. Clinton 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.