

FILED DEC 26 1946

Registration District No. _____ Primary Registration District No. **3023**

Registrar's No. **236**

1. PLACE OF DEATH:
(a) County **Henry**
(b) City or town **Clinton, Missouri**
(c) Name of hospital or institution **Clinton General**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2 da**
In this community **41 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo** (b) County **Henry**
(c) City or town **Clinton**
(If outside city or town limits, write "RURAL")
(d) Street No. **10 miles East Clinton Mo**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Thomas E Gillespie**
3. (b) If veteran, name war 3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **12** day **19** year **1946** hour **12:10** minute **PM**
21. I hereby certify that I attended the deceased from **23 April** 19**46** to **19 Dec.** 19**46**
that I last saw him alive on **19 Dec.** 19**46**
and that death occurred on the date and hour stated above.

4. Sex **M** 5. Color or race **W**
6. (a) Single, widowed, married, divorced **Married**
6. (c) Age of husband or wife if alive **55** years
7. Birth date of deceased **3-16-1946**
(Month) (Day) (Year)

Immediate cause of death **Cerebral hemorrhage** Duration **7 days**

8. AGE: Years **63** Months **9** Days **7** If less than one day _____ hr _____ min.

Due to **Hypertension**

9. Birthplace **Tonganoxie Kansas**
(City, town, or county) (State or foreign country)

Due to _____

10. Usual occupation **Farmer**

Other conditions _____ (Include pregnancy within 3 months of death)

MOTHER, FATHER
11. Industry or business _____
12. Name **Peter Gillespie**
13. Birthplace **Ireland**
14. Maiden name **Sarah E Rowen**
15. Birthplace **Mo**

PHYSICIAN
Major findings: **83**
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

16. (a) Informant **Mary J Ruszick**
(b) Address **Clinton Mo**

22. If death was due to external causes, fill in the following:
(c) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

17. (a) Burial (b) Date thereof **12-21-46**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **mb Olivet**

(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? _____

18. (a) Signature of funeral director **Ed Weidman**
(b) Address **Clinton Mo**
19. (a) 12-21-46 (b) **R. R. Kerney**
(Date received local registrar) (Registrar's signature)

While at work _____ (Specify type of place) (c) Means of injury _____
23. Signature **James Smith** (M. D. or other) **M.D.**
Address **Clinton, Mo** Date signed **20 Dec-46**

12-28-46
11-4-46
11-4-46

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 W. Kueso

Licensed Embalmer No. 2476

P. O. Address Clinton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.