

REC'D AUG 22 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

25783

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 398
(b) Township Independence Primary Registration District No. 3019 Registered No. 209
(c) City Independence (d) Street No. Independence Sanitarium St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 8900 Independence St. Kansas City
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Bessie Gillespie
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 11, 1883
7. AGE YEARS 56 MONTHS 2 DAYS 21 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lynn, County, Missouri
13. NAME Mac Gillespie
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky
15. MAIDEN NAME Jane Gollis
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky
17. INFORMANT (ADDRESS) Mrs. Otis Clark
8900 Independence Ave
18. BURIAL, CREMATION, OR REMOVAL PLACE W. Washington DATE July 5, 1939
19. FUNERAL DIRECTOR (ADDRESS) George C. Carson
Independence, Mo.
20. FILED July 5, 1939 F. L. Cook
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-2-39 19

22. I HEREBY CERTIFY, That I attended deceased from

I last saw Deputy Cor Death is saidto have occurred on the date stated above, at 10:35 PM

The principal cause of death and related causes of importance were as follows:

Automobile Trauma Date of onsetFracture of skullFracture of skullFracture of skullFracture of skull

Other contributory causes of importance

Fracture of skullFracture of skullFracture of skullName of operation Autopsy Date ofWhat test confirmed diagnosis? Autopsy Was there an autopsy?23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide. Date of injury 7-2-39Where did injury occur? Jackson Co. Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Struck by carNature of injury Front skull

24. Was disease or injury in any way related to occupation of deceased?

If so, specify Russell W. Carson M. D.(Signed) Russell W. Carson (Address) Carson

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....
..... L. E.
No..... or by....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)