S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 17 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18670

Registration District No. 401 Primary Registration District No. 5-5-56 Registrar's No.

1. PLACE OF DEATH:
(a) County Jackson Van Buren
(b) City or town Lees Summit RR1 (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Lake Lotawanta (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ✓ 3 (Specify whether
In this community ✓ years, months or days) 41½

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County Cook
(c) City or town Chicago (If outside city or town limits, write "RURAL")
(d) Street No. 3706 Wayne Ave (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Esther Mildred Gilliver
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife James Gilliver
6. (c) Age of husband or wife if alive ✓ 34 years
7. Birth date of deceased Sept (Month) 7 (Day) 1911 (Year)
Husband died at same time
8. AGE: Years 28 Months 7 Days 23 If less than one day hr. min.
9. Birthplace Chicago (City, town, or county) Ill (State or foreign country)
10. Usual occupation House wife
11. Industry or business Home
FATHER
12. Name Frank Sunquist
13. Birthplace unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Ida Anderson
15. Birthplace Sottenberg (City, town, or county) Sweeden (State or foreign country)
16. (a) Informant Dean Sunquist
(b) Address 3706 Wayne Chicago Ill
17. (a) removal (Burial, cremation, or removal) (b) Date thereof May (Month) 9 (Day) 1940 (Year)
(c) Place: burial or cremation Chicago Ill
18. (a) Signature of funeral director N. B. Langsford
(b) Address Lees Summit Mo
19. (a) May 5, 1940 (Date received local registrar) (b) Vernie E. Yankee (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 30-40
year hour minute P M.
21. I hereby certify that I attended the deceased from 19 to 19;
that I last saw it alive on 19;
and that death occurred on the date and hour stated above.
Immediate cause of death Death by Drowning
Due to Boat Overturning
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Water — Lungs

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence 4-30-40
(c) Where did injury occur? Jackson (City or town) Co (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 363 Private (Specify type of place)
While at work? yes (e) Means of injury Boat turns Over
23. Signature Russell W. Kar (M. D. or other) S
Address Kan Date signed

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 3833

P. O. Address Lees Summit 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, above space should be left blank.