

No. 2
11-10-39
5-17-39
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DEC 10 1940
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **41858**

Registration District No. **85**

Primary Registration District No. **1001**

Registrar's No. **1301**

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

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town Saint Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1501 South 33rd. Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 30 years,
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri, (b) County Buchanan,
(c) City or town Saint Joseph,
(If outside city or town limits, write "RURAL")
(d) Street No. 1501 South 33rd. Street,
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME Marion Jennie Gillispie
8. (b) If veteran, name war None, 3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month December day 12th,
year 1940 hour 7:00 minute a M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Theodore Gillispie 6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased June 26, 1859
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July, 1940 to Dec 12, 1940
that I last saw him alive on December 11th, 1940
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
81 5 16 hr. _____ min.

Immediate cause of death Cerebral Hemorrhage Duration 1 hr
Due to Arterio Sclerosis 1

9. Birthplace Sidney, Iowa
(City, town, or county) (State or foreign country)

Due to _____
Other conditions (include pregnancy within 3 months of death) ggb

10. Usual occupation At Home
11. Industry or business 9
12. Name Unknown
18. Birthplace II ? 9
(City, town, or county) (State or foreign country)
14. Maiden name _____
16. Birthplace II ?
(City, town, or county) (State or foreign country)

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

16. (a) Informant Theodore Gillispie
(b) Address 1501 So. 33rd. Street
17. (a) Burial (b) Date thereof 12/14/40
(Burial, cremation, or removal) (Month) (Day) (Year)

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? _____

(e) Place: burial or cremation Union Chapel Cem.
18. (a) Signature of funeral director W. H. Brauman
(b) Address 319 So. 10th. Street, St. Joseph
19. (a) Dec. 13, 1940 (b) J. Muste
(Date received local registrar) (Registrar's signature)

85
23. Signature J. Allaman (M. D. _____)
Address Central Regy. ST. JOSEPH Date signed 12/12/40

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, on 12-12-4
....., Registered Apprentice No.
working under my personal supervision.

Signed Wm. E. Summerfield

Licensed Embalmer No. 3007

P. O. Address 319 So. St. Joseph St.

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.