. No. 2
—1-4-41
5-17-39
PI X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12219

FILED APR 9 : 1949

Registration District No. 821

Primary Registration District No. 4553

Registrar's No.

1. PLACE OF DEATH:
(a) County: Scott
(b) City or town: Sikeston, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community: 3mo. 21 days

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Scott 100
(c) City or town: Sikeston 3
(If outside city or town limits, write "RURAL")
(d) Street No.: 210 Ruth St. 2
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Peggy Joyce Gillean
3. (b) If veteran, name war: infant
3. (c) Social Security No.: infant
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: infant 0
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: November (Month) 25 (Day) 1940 (Year)

8. AGE: Years	Months	Days	If less than one day
0	3	21	hr. min.

9. Birthplace: Sikeston, Missouri (City, town, or county) 0 (State or foreign country)
10. Usual occupation: infant
11. Industry or business: none

FATHER
12. Name: Ernest Gillean
13. Birthplace: East Prarien Missouri (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name: Florine Hall
15. Birthplace: Mississippi County, Missouri (City, town, or county) 0 (State or foreign country)

16. (a) Informant: Ernest Gillean
(b) Address: Sikeston, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3-17-41 (Month) (Day) (Year)
(c) Place: burial or cremation: Memorial Park Sikeston, Mo
18. (a) Signature of funeral director: [illegible]
(b) Address: Sikeston, Mo
19. (a) 4-5-41 (Date received by local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16 year 1941 hour 8:00 minute P. M.

21. I hereby certify that I attended the deceased from March 1st, 1941, to March 16th, 1941; that I last saw her alive on March 16th, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cardiac failure	—
Due to: Bronchopneumonia	1 week
Due to: Pertussis	3 weeks
Other conditions (Include pregnancy within 3 months of death): 9	

Major findings:
Of operations:
Of autopsy:

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):
(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? (Specify type of place)
While at work? (e) Means of injury:

23. Signature: G. B. Martin (M. D. ~~or other~~)
Address: Sikeston, Mo. Date signed: 3-19-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No.
District File Number 441-40
Date Filed 4/8/41

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.

Not Embalmed

Signed.....

Licensed Embalmer No. 774

P. O. Address.....

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.