

MAY 19 1941

Dr. R. Glynn

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 14531

Registration District No. 318

Primary Registration District No. 2001

Registrar's No. 300

59  
2  
6

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

1. PLACE OF DEATH:  
 (a) County GREENE  
 (b) City or town Springfield  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
211 W. Scott  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution. 1 (Specify whether  
 In this community 39 years /  
 years, months or days)

3. (a) PRINT FULLNAME Lula E. Gillespie  
 3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Female 5. Color or race White  
 6. (a) Single, widowed, married, divorced Widowed  
 6. (b) Name of husband or wife Patrick H. Gillespie  
 6. (c) Age of husband or wife if alive Dec years  
 7. Birth date of deceased July 11 1873  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>67</u>	<u>8</u>	<u>28</u>	hr. min.

9. Birthplace Sedalia Missouri  
 (City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
 12. Name Pete Guihnn  
 13. Birthplace Dublin Ireland  
 (City, town, or county) (State or foreign country)  
 14. Maiden name May Donnell  
 15. Birthplace Dublin Ireland  
 (City, town, or county) (State or foreign country)

16. (a) Informant John Gillespie  
 (b) Address Springfield, Mo.

17. (a) Burial (b) Date thereof April 12, 1941  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Marys Cem.

18. (a) Signature of funeral director H.H. Lohmeyer  
 (b) Address Springfield, Mo.

19. (a) 7-12-41 (b) W. E. Handley  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 39  
 (a) State Missouri (b) County Greene  
 (c) City or town Springfield  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 211 W. Scott  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9  
 year 1941 hour 6 minute p. M.

21. I hereby certify that I attended the deceased from Jan 15 1941 to Apr 9 1941  
 that I last saw her alive on Apr 4 1941  
 and that death occurred on the date and hour stated above.

Immediate cause of death Metastatic Carcinoma  
 Due to Carcinoma of Breast Right primary

Due to Exhaustion

Other conditions (Include pregnancy within 3 months of death) 50

Major findings: Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work (Specify type of place) \_\_\_\_\_  
 Signature Robert Glynn (e) Means of injury \_\_\_\_\_  
 Address Springfield, Mo. Date signed 4/15/41

Duration 1 yr  
3 yr  
3 mo  
 PHYSICIAN  
 Underline the cause to which death should be charged statistically.

**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.....  
.....  
working under my personal supervision.

Registered Apprentice No. ....

Signed.....

Licensed Embalmer No. 2458

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.**