

No. 2  
4-12-40  
5-17-39  
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FILED JUN 10 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **17665**

Registration District No. 235

Primary Registration District No. 5322

Registrar's No. \_\_\_\_\_

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

3. (a) PRINT FULL NAME Elizabeth S. Gillen  
 3. (b) If veteran, name war \_\_\_\_\_  
 3. (c) Social Security No. \_\_\_\_\_

4. Sex female 5. Color or race white  
 6. (a) Single, widowed, married, divorced widowed  
 6. (b) Name of husband or wife William Gillen  
 6. (c) Age of husband or wife if alive dead years \_\_\_\_\_  
 7. Birth date of deceased Feb 12 1855  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>86</u>	<u>3</u>	<u>22</u>	hr. _____ min. _____

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

10. Usual occupation house wife

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

**MOTHER FATHER**  
 12. Name Wm. Henry Symour  
 13. Birthplace Australia  
(City, town, or county) (State or foreign country)  
 14. Maiden name not known  
 15. Birthplace Australia  
(City, town, or county) (State or foreign country)

16. (a) Informant Grove Mick  
 (b) Address Greenfield mo  
 17. (a) Pemberton (b) Date thereof 6-5-41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Pemberton Cemetery

18. (a) Signature of funeral director J. W. Wood  
 (b) Address Greenfield mo  
 19. (a) June 6 1941 (b) J. B. Kirby  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Mo (b) County Dade  
 (c) City or town Everton R.D.  
(If outside city or town limits, write "RURAL")  
 (d) Street No. Park St. rural  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A.? 0 years.

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month June day 14  
 year 1941 hour 2:30 minute 0 M.  
 21. I hereby certify that I attended the deceased from Jan 1 1941 to June 4 1941  
 that I last saw h alive on April 1st 1941  
 and that death occurred on the date and hour stated above.

Immediate cause of death Colitis  
 Duration 1 yr

Due to Age - Embolism  
 Due to Bad Smo

Other conditions 120  
(Include pregnancy within 3 months of death)

**PHYSICIAN**  
 Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy none  
 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?  
212 \_\_\_\_\_  
(Specify type of place) (e) Means of injury  
 23. Signature B. B. Kirby (M. D. or other) D  
 Address Dadeville Mo Date signed 6-6-41

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

**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

*J W Ward*

Licensed Embalmer No. *28372*

P. O. Address *Greenfield*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**