No. 2
3-40
7-39
K23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILLED JUN 16 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18334

Registration District No. 508 Primary Registration District No. 3026 Registrar's No. 89

1. PLACE OF DEATH:

(a) County Livingston

(b) City or town Chillicothe (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Chillicothe Hospital () (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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston 59

(c) City or town Chillicothe 1 (If outside city or town limits, write "RURAL") 2

(d) Street No. (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Quincy E. Gilliland

3. (b) If veteran, name war

3. (c) Social Security No. 462-14-4842

4. Sex Male ()

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Frances Ada Gilliland

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased April (Month) 14 (Day) 1875 (Year)

8. AGE: Years 66 Months 1 Days 10 If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business W. P. A.

FATHER
12. Name E. Gilliland
13. Birthplace Unknown (City, town, or county) () Missouri (State or foreign country)

MOTHER
14. Maiden name Liza Bishop
15. Birthplace Cooper County (City, town, or county) () Missouri (State or foreign country)

16. (a) Informant Charles R. Gilliland

(b) Address Fort Worth, Texas

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-26-'41 (Month) (Day) (Year)

(c) Place: burial or cremation Edgewood Cemetery

18. (a) Signature of funeral director F. B. Norman Co.

(b) Address 434 Locust Chillicothe, Mo.

19. (a) 5-26-41 (Date received local registrar) (b) H M Grace, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May 24 day year 1941 hour 12 45 minute P M.

21. I hereby certify that I attended the deceased from May 17, 1941, to May 24, 1941; that I last saw him alive on May 24, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death apoplexy	7
Due to Hypertension	?
Due to	
Other conditions (Include pregnancy within 3 months of death)	
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? 943 (e) Means of injury

23. Signature R J Brennan (M. D. or [illegible]) 0

Address Chillicothe, Mo Date signed 5/26/41

(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

Elton F. Norman & E. R. Norman (2374), Registered Apprentice No.

working under my personal supervision.

Signed: Elton F. Norman

Licensed Embalmer No. 4036

P.O. Address Chillicothe, Mo.

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

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