No. 2
-1-4-41
-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 16 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24218

Registration District No. 399 Primary Registration District No. 100 Registrar's No. 2757

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: General Hospital #2 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6-2-41-6-23-41 (Specify whether years, months or days)

In this community Unknown

2. USUAL RESIDENCE OF DECEASED: 048

(a) State Mo. (b) County Jackson

(c) City or town Kansas City (If outside city or town limits, write "RURAL")

(d) Street No. 1817 Paseo (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Edward Gillum

3. (b) If veteran, name war None

3. (c) Social Security No. none

4. Sex Male 2

5. Color or race Negro

6. (a) Single, widowed, married, divorced unknown 9

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased Unknown (Month) (Day) (Year)

8. AGE: App 53 Years Unknown | Months | Days | If less than one day ..... hr. ..... min.

9. Birthplace Fort Worth (City, town, or county) Texas (State or foreign country)

10. Usual occupation Unemployed

11. Industry or business

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

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Record Clerk

(b) Address General Hospital #2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 23 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Leeds

18. (a) Signature of funeral director Watkins Bros.

(b) Address 1729 Lydia

19. (a) 7/23/41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 23 year 41 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from 6-2- 1941 to 6-23- 1941 that I last saw him alive on 6-23- 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Organizing Lobar Pneumonia (Right)	
Due to: Adhesive Peri-Carditis	
Due to: Pleurisy with Effusion	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Above Mentioned

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 R. O. Turner (M. D. or other)

Address Gen. Hosp. #2 Date signed 6-25-41

(Licensed Embalmer's Statement on Reverse Side)

AUG 27 1941

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 D. J. Manlove

Licensed Embalmer No. 3994

P. O. Address 1120 E. 23rd St

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

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