

To. 2
17-49

Registration District No. 765 Primary Registration District No. 6266 Registrar's No. 4

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

1. PLACE OF DEATH:
(a) County St. Clair
(b) City or town Osceola Rural
(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 30

3. (a) PRINT FULL NAME James S. Gillespie
3. (b) If veteran name war 3. (c) Social Security No.

4. Sex MD 5. Color or race W 6. (a) Single, widowed, married, divorced 9
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____ years

7. Birth date of deceased Mar - 3 - 1875
(Month) (Day) (Year)

8. AGE: Years 66 Months 0 Days 12 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown
13. Birthplace '' 9
(City, town, or county) (State or foreign country)
14. Maiden name ''
15. Birthplace '' 9
(City, town, or county) (State or foreign country)

16. (a) Informant Wm. G. Gillespie
(b) Address Osceola, Mo.

17. (a) Burial (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Osceola

18. (a) Signature of funeral director O. H. Buller
(b) Address Osceola, Mo.

19. (a) 9-9-41 (b) Rich Seavers
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Clair 93
(c) City or town Osceola Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 0
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Mar day 14
 year _____ hour 5 minute 0 M.

21. I hereby certify that I attended the deceased from 3-9, 1941, to 3-13, 1941;
that I last saw him alive on 3-13, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Decomposition - 6 min
Pneumonia - 1 week

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

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) (e) Means of injury _____

23. Signature T. H. D. Anglar, Jr. (M. D. or other) MD
Address Osceola, Mo. Date signed 9-9-41

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

RECEIVED

By: [Signature] District Health Officer No. 7,

District File Number

9-41-1676

Date Filed

9/15-41

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.

Signed.....

Licensed Embalmer No.....

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29226

Registration District No. 765

Primary Registration District No. 6266

Registrar's No. _____

1. PLACE OF DEATH:

(a) County St. Clair

(b) City or town Osceola Rural
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Clair

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

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

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

If yes, name country _____

3. (a) PRINT FULL NAME James S. Gillespie

3. (b) If veteran, _____ **3. (c) Social Security** _____
name war _____ No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 14 1941
year _____ hour _____ minute _____ M.

4. Sex M **5. Color or** W **6. (a) Single, widowed, married,** _____
race _____ divorced widowed

6. (b) Name of husband or wife Viola Houston **6. (c) Age of husband or wife if** _____
alive _____ years

7. Birth date of deceased Mar 3, 1875
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____
_____ 19____;
that I last saw him _____ live on _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

8. AGE: Years 66 Months 0 Days 0 If less than one day _____ min.

Due to _____

Due to _____

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

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

10. Usual occupation _____

Major findings _____
Of operations _____

11. Industry of business _____

Of autopsy _____

12. Name _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

13. Birthplace _____ (City, town, or county) (State or foreign country)

14. Maiden name _____ (City, town, or county) (State or foreign country)

15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____
(b) Address _____

17. (a) _____ **(b) Date thereof** _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

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) (e) Means of injury _____

18. (a) Signature of funeral director _____
(b) Address _____

23. Signature _____ (M. D. or other) _____
Address _____ **Date signed** _____

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

Osceola

SUPPLEMENTARY

