

No. 2
-1-4-41
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 2 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 30767
Registrar's No. 3524

Registration District No. 399

Primary Registration District No. 1002

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:
1320 East 27th Street /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 23 Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 1320 East 27th Street 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes name country --

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 19th
year 1941 hour 6 minute 50 P. A. M.

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

Immediate cause of death _____
Pulmonary embolism
due to
ruptured aortic aneurysm
Cyphlotic Aortic
Disease _____
Ductus _____
Other conditions _____
(Include pregnancy within 3 months of death)

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

Major findings:
Of operations _____
Of autopsy 309

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 Russell W. Crow (M. D. or other) _____
Address _____ Date signed _____

3. (a) PRINT FULL NAME William Barkley Gillespie

3. (b) If veteran, name war World War Vet. 3. (c) Social Security No. 486-07-5539

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Goldie Gillespie 6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased October 9 1894
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
46 11 10 _____ hr. _____ min.

9. Birthplace Pine Bluff / Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation Makeup Man & Linotype Operator

11. Industry or business The Star's Composing Room

12. Name Dick Gillespie

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

14. Maiden name Unknown Tobin

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

16. (a) Informant Miss Laura R. Lane

(b) Address 1320 E. 27th St.

17. (a) Burial (b) Date thereof Sept. 22, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director D. H. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 9/22/41 (b) M. M. Crow
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

2108

OCT 2 1944

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 *A. C. Newcomer*
Licensed Embalmer No. 40213
P. O. Address *A. C. Mo.*

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.