

FILED APR 23 1942 85

Primary Registration District No. 1001

Registrar's No. 386

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

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town Saint Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution No. (Specify whether
In this community 59-8-6 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan 011
(c) City or town Saint Joseph ?
(If outside city or town limits, write "RURAL")
(d) Street No. 316 South 16th Street
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18
year 1942 hour 12 minute 30 A. M.

21. I hereby certify that I attended the deceased from Dec. 31, 1941
19... to Apr. 11, 1942 19...
that I last saw her alive on April 10, 1942
and that death occurred on the date and hour stated above.
Immediate cause of death Angina Pectoris Duration 5 Min.

Due to functional disturbance of the cardiac plexuses
Due to

Other conditions Cholelithiasis 6 Month

Major findings:
Of operations 12-6
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? (e) Means of injury
23. Signature J. D. DeWitt (M. D. or other) 0
Address 228 So. 16th St. Joseph, Mo. Date signed 4-18-42

3. (a) PRINT FULL NAME

Hattie Gillum

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Female

5. Color or race Negro

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

6. (b) Name of husband or wife Louis Gillum

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased: July (Month)

4th (Day) 1883 (Year)

8. AGE:

Years 59 Months 9 Days 6 If less than one day hr. min.

9. Birthplace Saint Joseph MO. (City, town, or county)

(State or foreign country) 0

10. Usual occupation House Wife

11. Industry or business None

MOTHER FATHER { 12. Name Unknown

13. Birthplace Unknown (City, town, or county)

(State or foreign country) 4

14. Maiden name Unknown

15. Birthplace Unknown (City, town, or county)

(State or foreign country) 4

16. (a) Informant Louis Gillum

(b) Address 316 South 16th Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/14/1942 (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cemetery

18. (a) Signature of funeral director Amos J. Saw
(b) Address 1602 Messaria St. St. Joseph

19. (a) 4-14-42 (Date received local registrar) (b) Rob. Nevgog (Registrar's signature)

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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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed J. F. Rainey

Licensed Embalmer No. 14081

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.