No. 2
9-4-1
5-17-39
I X29484

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

15120

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 11 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 920 Primary Registration District No. 6279 5859 Registrar's No. (3)

1. PLACE OF DEATH:

(a) County Ozark

(b) City or town Pontiac, Mo. (rural)
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Jasper township
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 68 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County 77

(c) City or town SAME AS DEATH 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME HEDDY PILAND

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F/

5. Color or race W

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

6. (b) Name of husband or wife Jim William Piland

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased Aug. (Month) 22 (Day) 1874 (Year)

8. AGE: Years 68 Months 8 Days If less than one day hr. min.

9. Birthplace Arkansas Baxter/County
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business

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

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

16. (a) Informant Guy Piland
(b) Address Gainesville Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-23-42 (Month) (Day) (Year)
(c) Place: burial or cremation Pontiac

18. (a) Signature of funeral director H. L. Marley
(b) Address Gainesville Mo

19. (a) 4-23-1942 (Date received local registrar) Mary F. Johnson (Registrar's signature)

584

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22 year 1942 hour 1:05 minute A M.

21. I hereby certify that I attended the deceased from April 15, 1940 to April 22, 1942 that I last saw her alive on April 21, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uremia	20 days
Due to Arterial Hypertension	15 yr
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? (e) Means of injury

23. Signature M J Hoerman (M. D. or other) DO

Address Gainesville, Mo Date signed 4/22/42

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 542-652
Date Filed MAY 8 1942

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: Denver Robles

Licensed Embalmer No. 4006

P. O. Address Avg, Mo.

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

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

V. S. No. 2B
0M—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15120

Registration District No. 920 Primary Registration District No. 5859 Registrar's No.

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County Ozark

(b) City or town 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 (b) County

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

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

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

If yes, name country

3. (a) PRINT FULL NAME Heddy Piland

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

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

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

7. Birth date of deceased Aug (Month) 22 (Day) 1874 (Year)

8. AGE: Years 68 Months 8 Days If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

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

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

16. (a) Informant
(b) Address

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

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

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month apr day 22
year 1942 hour minute M.

21. I hereby certify that I attended the deceased from
19 to 19
that I last saw h alive on 19
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Due to Chronic Nephritis

Due to Arterial Hypertension

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

131 b

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 M J Hoerman (M. D. or other)

Address Gainesville, Ohio Date signed June 1942