

FILED JUN 16 1942

Registration District No. 668

Primary Registration District No. 3032

Registrar's No. 207

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1504 So. Barrett 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 37 years
(Specify whether years, months or days)
In this community 37 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 1504 So Barrett
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6
year 1942 hour 7:55 minute P M.

21. I hereby certify that I attended the deceased from
last 10 years 1932 to June 6 1942
that I last saw him live on June 6 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Suppression of Urine Duration 16 hours
Due to Hypertension Heart Disease 5 years
Due to Chronic Myocarditis 5 years
Chronic Glomerular Nephritis 5 years
Other conditions (Include pregnancy within 3 months of death)

Major findings: None
Of operations None
Of autopsy None
PHYSICIAN None
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) no
(b) Date of occurrence 6/9/42
(c) Where did injury occur? None
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work None (Specify type of place) (e) Means of injury None
23. Signature Jno. B. Overline M. N. (M. D. or other)
Address 314 Ohio Street Sedalia Date signed 6-8-42

3. (a) PRINT FULL NAME James Ernest Gillespie

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Margaret 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased Mar. 13 1882
(Month) (Day) (Year)

8. AGE: Years 60 Months 2 Days 23
If less than one day hr. min.

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

10. Usual occupation Funeral Director

11. Industry or business Retired

12. Name Joe. Henry Gillespie

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

14. Maiden name Nancy Jane Crockett

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

16. (a) Informant Margaret Gillespie

(b) Address Sedalia, Mo

17. (a) Burial (b) Date thereof 6/9/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Myer Park

18. (a) Signature of funeral director Geo. DeLand

(b) Address Sedalia, Mo

19. (a) 6/8/42 (b) Mrs. Anna Decker
(Date received local registrar) (Registrar's signature)

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

10
6
4

JUN 23 1942

JUN 17 1942

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 6-15-42

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 Geo Dillard
Licensed Embalmer No. 3868
P. O. Address Wichita, 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.