

FILED AUG 18 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

24148

State File No.

Registration District No. 221

Primary Registration District No. 2301

Registrar's No. 29

1. PLACE OF DEATH:

(a) County: Cooper  
(b) City or town: Rural Palestine, Mo.  
(c) Name of hospital or institution: none  
(d) Length of stay: In hospital or institution: none  
In this community: 20 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Cooper  
(c) City or town: Rural Palestine, Mo.  
(d) Street No: Near Pilot Grove, Mo.  
(e) Citizen of foreign country? No.

3. (a) PRINT FULL NAME: DAVID LUTHER MCGILL

3. (b) If veteran: no  
3. (c) Social Security No.: no

4. Sex: Male Color: W. Race: C. W. 5. Color or race: W. 6. (a) Single, widowed, married, divorced: Single  
6. (b) Name of husband or wife: none 6. (c) Age of husband or wife if alive: none years  
7. Birth date of deceased: Mar-1-1895 (Month) (Day) (Year)

8. AGE: 47 Years 14 Months 17 Days If less than one day hr. min.

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

10. Usual occupation: Farmer

11. Industry or business: same as above

MOTHER FATHER { 12. Name: Alex McGill  
13. Birthplace: Jefferson City, Mo.  
14. Maiden name: Alice Gregory  
15. Birthplace: Versailles, Mo.

16. (a) Informant: Walter Lamun

(b) Address: Pilot Grove, Mo.

17. (a) Burial (b) Date thereof: July 15-1942 (Month) (Day) (Year)

(c) Place: burial or cremation: Lutheran Ch.

18. (a) Signature of funeral director: [Signature]

(b) Address: Pilot Grove, Mo.  
19. (a) July 18-1942 (b) [Signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: July day: 13th year: 1942 hour: 11/4 minute: A.M.

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

Immediate cause of death: Acute Rheumatic Heart

Due to:

Due to:

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

Major findings: Of operations: 95 lb

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: 2

23. Signature: L. J. Smith (M.D. or other)

Address: Pilot Grove, Mo. Date signed: 7/13/42

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

1087

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 8-5-42

**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 Myself

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. 3074

P. O. Address Deloit Grove, W.

**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.**