

S. No. 2
M-1-4-41
V. 5-17-39
X 26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 14 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

25487
State File No. _____
Registrar's No. 30

Registration District No. 341

Primary Registration District No. 6152A

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

1. PLACE OF DEATH:
(a) County Stoddard
(b) City or town Rural Liberty Twp.
(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 Life years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Stoddard 103
(c) City or town Rural (If outside city or town limits, write "RURAL") 0
(d) Street No. Dexter, R.#3 (If rural, give location) 0
(e) Citizen of foreign country? _____ (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Janie Gillis
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 11
year 1942 hour 6 minute X P. M.

4. Sex Female / 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Robert Gillis 6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased: Jan. 19, 1871
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 1st 1942 to July 11 1942
that I last saw her alive on July 4 1942
and that death occurred on the date and hour stated above.

8. AGE: Years 71 Months 5 Days 22
If less than one day _____ hr. _____ min.

Immediate cause of death Pulmonary Tuberculosis
Due to _____
Due to _____

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

Other conditions (Include pregnancy within 3 months of death) 13 1/2
Major findings: Of operations _____
Of autopsy _____

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Henry Clay Lambert
13. Birthplace No Record 9
(City, town, or county) (State or foreign country)
14. Maiden name Dicie Riddle
15. Birthplace No Record 9
(City, town, or county) (State or foreign country)

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

16. (a) Informant Robert Gillis
(b) Address Dexter, Mo.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) NO
(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? _____

17. (a) Burial (b) Date thereof 7-13-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Caroline Dowdy Cem. Blankenship-Strickland

18. (a) Signature of funeral director _____ (Specify type of place) _____
(b) Address Dexter, Mo. (c) Means of injury _____

19. (a) 7-13-42 (b) Wora Smith
(Date received local registrar) (Registrar's signature)

23. Signature S. S. Laws (M. D. or other) M. D.
Address S. S. Laws Date signed 7-11-42

1134 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Office No. 2,

District File Number 842-1052

Date Filed 8-12-42

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.....

Licensed Embalmer No. 3479

P. O. Address Reister, Md.

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.