

S. No. 2
M-9441
v. 5-17-39
I X29484

33042

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

filed NOV 11 1942

Registration District No.

Primary Registration District No. 3000

Registrar's No. 268

1. PLACE OF DEATH:
(a) County Adair
(b) City or town Kirksville
(c) Name of hospital or institution: 823 E. Scott
(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 Missouri (b) County Adair
(c) City or town Kirksville
(If outside city or town limits, write "RURAL")
(d) Street No. 823 E. Scott
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Eva M. Gilliland
(b) If veteran, name war _____
(c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct. day 19
year 1942 hour 1:20 minute _____ P.M.

4. Sex F / 5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Francis Gilliland
6. (c) Age of husband or wife if alive 16 years 1855
7. Birth date of deceased May (Month) 16 (Day) 1855 (Year)

21. I hereby certify that I attended the deceased from Oct 2 1942 to Oct 19 1942
that I last saw her alive on Oct 19 1942
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
87 5 3 _____ hr. _____ min.

Immediate cause of death Scarlet fever 5 to 73
Duration _____

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

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) 50

10. Usual occupation Housewife

Major findings: Of operations _____
Of autopsy _____

11. Industry or business _____

MOTHER FATHER {
12. Name Samuel Phipps
13. Birthplace Ohio /
(City, town, or county) (State or foreign country)
14. Maiden name Mary Miller
15. Birthplace Ohio /
(City, town, or county) (State or foreign country)

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

16. (a) Informant Alta Gilliland
(b) Address Kirksville, Mo.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

17. (a) Burial (b) Date thereof 10-21-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Highland Park

(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? _____

18. (a) Signature of funeral director Dee Riley
(b) Address Kirksville, Mo.

While at work? _____ (Specify type of place) _____ (c) Means of injury _____

19. (a) Oct 3, 1942 (b) Mrs. J. Wayne
(Date received local registrar) (Registrar's signature)

23. Signature W. S. ... (M.D. or other) _____
Address ... Date signed Oct 30 42

1049

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

330

RECEIVED

District Health Officer No. 10

District File Number 11-42-2022

Case Filed NOV - 9 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 [Signature]

Licensed Embalmer No. 4181

P. O. Address [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.