. S. No. 2
00M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 37272

FILED NOV 1[illegible] 1943

Registration District No. 1449 Primary Registration District No. 1002 Registrar's No. 4537

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3821 Genesee Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution --
(Specify whether In this community 33 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Missouri (b) County Jackson 2

(c) City or town Kansas City 8
(If outside city or town limits, write "RURAL")

(d) Street No. 3821 Genesee Street
(If rural, give location)

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

If yes, name country ---

3. (a) PRINT FULL NAME Mrs. Mary Louise Gilliland

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Mr. Samuel A. Gilliland

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased February (Month) 26 (Day) 1863 (Year)

8. AGE: Years 80 Months 7 Days ~~27~~ 29 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business ---

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

MOTHER
14. Maiden name Talitha Ann Preston
15. Birthplace Lexington (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant S. Gilliland
(b) Address 3821 Genesee

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 26, 1943 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Mt. Moriah Cemetery

18. (a) Signature of funeral director O. H. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.

19. (a) 10-26-43 (Date received local registrar) (b) T. E. Brown (Registrar's signature)

Def. 361

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 25th year 1943 hour 2 minute 20 A. M.

21. I hereby certify that I attended the deceased from Sept, 19__, to Oct 25, 1943; that I last saw her alive on Oct 24, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardiac Insufficiency	4 weeks
Due to Mitral Regurgatation	many years
Due to	
Other conditions (Include pregnancy within 3 months of death)	

95c 3

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 Theodore Anderson (M.D. or other) M.D.

Address 723 W. 45th St Date signed 10-25-43

(Licensed Embalmer's Statement on Reverse Side)

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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address K C 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.