

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 42854  
Registrar's No. 145

FILED JAN 10 1943  
Registration District No. 187

Primary Registration District No. 3040

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

1. PLACE OF DEATH:

(a) County Livingston

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

(c) Name of hospital or institution:  
125 Church 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 25 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston

(c) City or town Chillicothe  
(If outside city or town limits, write "RURAL.")

(d) Street No. 125 Church Street  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Sadie Gilliam

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race Negro

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

6. (b) Name of husband or wife George Gilliam

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

7. Birth date of deceased April 22 1880  
(Month) (Day) (Year)

8. AGE: Years 63 Months 7 Days 28

If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Bucklin Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Samuel Jones

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

14. Maiden name Ellen Wolfsoale

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

16. (a) Informant Mrs Beatrice Anderson

(b) Address Chillicothe, Missouri.

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof 12-22-'43  
(Month) (Day) (Year)

(c) Place: burial or cremation South colored Cemetery

18. (a) Signature of funeral director H. B. Norman Co.

(b) Address Chillicothe, Missouri.

19. (a) Dec 22-1943 (Date received local registrar)

(b) Lou Elba Curry (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 20th.  
year 1943 hour 5:30 minute A. M.

21. I hereby certify that I attended the deceased from me  
to Dec 20 1943  
that I last saw h. alive on Dec 20 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial degeneration

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Myocardial degeneration & some form of abdominal tumor  
(Include pregnancy within 6 months of death)

Major findings: \_\_\_\_\_

Of operations: \_\_\_\_\_

Of autopsy: \_\_\_\_\_

Duration 3 1/2

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other)

Address Chillicothe Mo Date signed Dec 20/43

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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.....

..... **E. K. Norman** ....., Registered Apprentice No. ....  
working under my personal supervision.

Signed: *E. K. Norman* .....

Licensed Embalmer No. **2374** .....

P. O. Address **Chillicothe, 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.**