

FILED APR 15 1944
Registration District No.

Primary Registration District No. 1002

Registrar's No. 1476

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

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: Trinity Lutheran Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
In this community as above 1 day
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Kansas (b) County 999
(c) City or town Ottawa,
(If outside city or town limits, write "RURAL")
(d) Street No. X
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country X 2

3. (a) PRINT FULL NAME Elmer D. Gillette
(b) If veteran, name war no.
(c) Social Security No. no.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 1
year 1944 hour 3:00 minute a. M.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Stella Emrick Gillette
(c) Age of husband or wife if alive Unknown years
7. Birth date of deceased September 28 1870
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 1, 1944 to April 1, 1944
that I last saw him alive on April 1, 1944
and that death occurred on the date and hour stated above.

8. AGE:
Years 73 Months 6 Days 3
If less than one day hr. min.

Immediate cause of death
1- Lobar pneumonia - left 48 hrs (2)
2- Removal of urinary bladder stone 3/27-44

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

Due to Bladder Stone
Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation Farmer & Stockman
11. Industry or business X
MOTHER FATHER
12. Name Lewis Gillette,
13. Birthplace Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Eliza Jane Martin
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

Major findings: Bladder stone
Of operations yes
Of autopsy yes
PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Stella Emrick Gillette,
(b) Address Ottawa, Kansas,
17. (a) removal (b) Date thereof 4-1-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Ottawa, Kansas

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? _____

18. (a) Signature of funeral director Stine & McClure
(b) Address 3235 Gillham Plaza, K. C., Mo.
19. (a) 4-3-44 (b) D. E. Brown
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
(c) Means of injury _____
23. Signature [Signature] (M. D. certifier)
Address [Signature] Date signed 4/1-1944

Dr. Hickok

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.....

Lipon L. Taylor
Licensed Embalmer No. 4225

P. O. Address..... Kansas City 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.