

1. PLACE OF DEATH Chariton
 (a) County Brunswick
 (b) City or town Chariton
 (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) 1
 (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 Chariton
 (c) City or town Brunswick, (Rural)
 (If outside city or town limits, write "RURAL" and name of township)
 (d) Street No. 5 Miles North East of Brunswick
 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME William W. Gilliam
 3. (b) If veteran, name war..... 3. (c) Social Security No.....
 4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Married
 6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased September 12th, 1861
 (Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month November day 19th.
 year 1944 hour 10 minutes 30 A. M.
 21. I hereby certify that I attended the deceased from Nov 19 1944 to Mar 19 1949
 that I last saw him alive on Nov 19 1944 and that death occurred on the date and hour stated above.

8. AGE: Years 83 Months 2 Days 7 If less than one day
 hr. min.

Immediate cause of death Arteriosclerosis
 Duration
 Due to.....
 Due to.....
 Other conditions (Include pregnancy within 3 months of death)
 Major findings:
 Of operations.....
 Of autopsy.....

9. Birthplace Virginia (City, town, or county) (State or foreign country)
 10. Usual occupation Farmer
 11. Industry or business
 12. Name James M. Gilliam
 13. Birthplace Virginia (City, town, or county) (State or foreign country)
 14. Maiden name Sarah Watson
 15. Birthplace Virginia (City, town, or county) (State or foreign country)

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

MOTHER FATHER
 16. (a) Informant Robert I. Gilliam
 (b) Address Slater, Missouri
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-21-1944
 (Month) (Day) (Year)
 (c) Place: burial or cremation Slater, Missouri
 18. (a) Signature of funeral director Merical
 (b) Address Brunswick, Missouri
 19. (a) 11-20-44 (Date received local registrar) (b) [Signature] (Registrar's signature)

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) Means of injury.....
 23. Signature [Signature] (M.D. or other) Address Brunswick Mo Date signed Nov 19 1944

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

RECEIVED

District Health Officer No. 8.

District File Number _____

Date Filed 12-11-47

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 L. J. McNeal

Licensed Embalmer No. 822

P. O. Address Brunswick, N.C.

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.