

FILED AUG 9 1945

Registration District No. 42

Primary Registration District No. 1200

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital # 2 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 mo. 18 days
In this community 1 month 13 days
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 11
(c) City or town Kansas City 1
(If outside city or town limits, write "RURAL")
(d) Street No. 7537 Wyandotte Street 7
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Louis Jerome Gilliland

3. (b) If veteran, name war - 3. (c) Social Security No. 1

4. Sex Male 6 5. Color or race White 6. (a) Single, widowed, married, divorced, Married
6. (b) Name of husband or wife Virginia P. Gilliland 6. (c) Age of husband or wife if alive, not given years
7. Birth date of deceased October 14, 1865 (Month) (Day) (Year)

8. AGE: Years 79 Months 9 Days 15 If less than one day hr. min.

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

10. Usual occupation Retired Pullman Conductor

11. Industry or business

MOTHER FATHER
12. Name Cavanaugh Gilliland
13. Birthplace Near Rosehill, Missouri (City, town, or county) (State or foreign country)
14. Maiden name Mildred Durrett
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Virginia P. Gilliland
(b) Address 7537 Wyandotte, Kansas City, Mo.

17. (a) Removal (b) Date thereof 7-29-1945 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Kansas City, Mo.

18. (a) Signature of funeral director Walter Neuberger
(b) Address St. Joseph, Missouri

19. (a) 7-29-45 (b) Helen J. Beck (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29th year 1945 hour 10:25 minute a M.

21. I hereby certify that I attended the deceased from July 19, 1945 to July 28, 1945 that I last saw him alive on July 28, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial pneumonia Duration 7 days

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 107

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?

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

23. Signature George M. Petek (M. D. or other) Address State Hospital # 2 Date signed 7/29/1945

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

AUG 20 1945

NOV 2 1945

JUL 1 1945

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 Ed T. Oliver

Licensed Embalmer No. 475

P. O. Address R. C. Ho...

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.