

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF THE CENSUS STANDARD CERTIFICATE OF DEATH

20628

FILED JUN 20 1946

State File No. _____

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 159

1. PLACE OF DEATH:

(a) County JACKSON

(b) City or town INDEPENDENCE

(c) Name of hospital or institution:
211 E. VAN HORN ROAD
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
All Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48

(c) City or town INDEPENDENCE 4
(If outside city or town limits, write "RURAL")

(d) Street No. 211 E. VAN HORN ROAD 4
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME MARTIN Gillis

3. (b) If veteran, name war No.

3. (c) Social Security No. 500-03-5787

4. Sex Male 2

5. Color or race Negro

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased UNKNOWN
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

About 82 YRS. hr. min.

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

10. Usual occupation YARD MAN

11. Industry or business PRIVATE FAMILY

12. Name MARTIN Gillis

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

14. Maiden name MATILDA Black

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

16. (a) Informant Mollie Conley

(b) Address 5767 Lafayette St. Chicago

17. (c) BURIAL (b) Date thereof APRIL 29, 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cemetery

18. (a) Signature of funeral director L. O. Davis

(b) Address 312 E. LEXINGTON, INDEP, MO.

19. (a) May 14, 1946 (b) James S. Craig
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 24
year 46 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Apr 20, 1946 to Apr 24, 1946
that I last saw him alive on Apr 24, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia Duration 3 da

Due to _____

Due to about 2 yrs chronic

Other conditions Valvular heart disease
(Include pregnancy within 3 months of death)

Major findings: Of operations ✓

Of autopsy ✓ 1-38

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 J. B. Hakeison (M. D. or other) _____
Address Independence, Mo. Date signed Apr 29, 1946

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

19300

35F

(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..... *C. E. Davis*

Licensed Embalmer No. *4417*

P. O. Address..... *Indip. 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.